Chapter Eight

Washington State Data Profiles, March 27, 2003

Safety Section

Washington Child and Family Services Review Data Profile, March 27, 2003

I. CHILD SAFETY PROFILE	Calendar Year 2000						Calendar Year 2001						Calendar Year 2002					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic Childn.[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	24,406		38,070		30,589		22,709		35,491		28,926		18,441		28,751		24,079	
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	4,731	19.4	7,095	18.6	5,976	19.5	3,998	17.6	6,010	16.9	5,159	17.8	3,161	17.1	4,676	16.3	4,069	16.9
Unsubstantiated	10,064	41.2	15,867	41.7	13,754	45.0	10,204	44.9	16,115	45.4	14,110	48.8	8,482	46.0	13,463	46.8	11,888	49.4
Other	9,611	39.4	15,108	39.7	10,859	35.5	8,507	37.5	13,366	37.7	9,657	33.4	6798	36.9	10612	36.9	8,122	33.7
III. Child Cases Opened for Services[4]			3,957	55.8	3,178	53.2			3,487	58.0	2,851	55.3			2,767	59.2	2,325	57.1
IV. Children Entering Care Based on CA/N Report[5]			3,019	42.6	2,408	40.3			2,835	47.2	2,304	44.7			2,296	49.1	1,930	47.4
V. Child Fatalities[6,A]					7	0.1					5	0.1					1	0.0
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Recurrence of Maltreatment[7] [Standard: 6.1% or less)					366 of 3,075	11.9					361 of 3,083	11.7					261 of 2,423	10.8
VII. Incidence of Child Abuse and/or Neglect in Foster Care[8,B] (for Jan-Sept) **[Standard: 0.57% or less]**					139 of 1,4375	0.97					110 of 13,948	0.79					86 of 13,756	0.63

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Disposition Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated," "Unsubstantiated, Other than Intentionally False Reporting " and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 day year. In earlier years there was only the category of Unsubstantiated

1. *The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.*

2. ***The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.***

3. ***For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.***

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period. The count also includes fatalities that have been reported on the Agency File, which collects non-child welfare information system data.

7. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated," "indicated," or "alternative response victim" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated," "indicated," or "alternative response victim" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element is used to determine, in part, the State's substantial conformity with Safety Outcome #1.

8. *The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period jointly addressed by both NCANDS and AFCARS. For both measures, the number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element is used to determine, in part, the State's substantial conformity with Safety Outcome #2.*

Additional Footnotes

A) In 2000, WA reported 7 additional fatalities in the Agency file. In 2001, WA reported 11 additional fatalities in the Agency file. WA has not submitted 2002 Agency file yet.

B) In 2002, WA did not report on perpetrators whose relationship to the victim is Residential Facility Staff.

II. POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2000		Federal FY 2001		Federal FY 2002	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year	8,484		8,266		8,448	
Admissions during year	7,590		7,273		6,940	
Discharges during year	7,129		6,438		6,240	
Children in care on last day of year	8,945		9,101		9,148	
Net change during year	+461		+835		+700	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	110	1.2	92	1.0	78	0.9
Foster Family Homes (Relative)	2,443	27.3	2,743	30.1	2,928	32.0
Foster Family Homes (Non-Relative)	4,358	48.7	4,887	53.7	4,810	52.6
Group Homes	376	4.2	445	4.9	437	4.8
Institutions	93	1.0	113	1.2	87	1.0
Supervised Independent Living	8	0.1	6	0.1	8	0.1
Runaway	117	1.3	155	1.7	128	1.4
Trial Home Visit	1	0.0	1	0.0	1	0.0
Missing Placement Information	24	0.3	11	0.1	8	0.1
Not Applicable (Placement in subsequent year)	1,415	15.8	648	7.1	663	7.2
III. Permanency Goals for Children in Care						
Reunification	5,700	63.7	6,260	68.8	5,853	64.0
Live with Other Relatives	221	2.5	210	2.3	182	2.0
Adoption	2,004	22.4	1,641	18.0	1,912	20.9
Long Term Foster Care	346	3.9	334	3.7	378	4.1
Emancipation	75	0.8	71	0.8	74	0.8
Guardianship	480	5.4	437	4.8	585	6.4

II. POINT-IN-TIME PERMANENCY PROFILE (continued)	Federal FY 2000		Federal FY 2001		Federal FY 2002	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	2,646	29.6	2,871	31.5	2,730	29.8
Two	2,170	24.3	2,149	23.6	2,360	25.8
Three	1,330	14.9	1,307	14.4	1,264	13.8
Four	728	8.1	747	8.2	751	8.2
Five	517	5.8	493	5.4	512	5.6
Six or more	1,530	17.1	1,506	16.5	1,513	16.5
Missing placement settings	24	0.3	28	0.3	18	0.2
V. Number of Removal Episodes						
One	6,169	69.0	6,210	68.2	6,310	69.0
Two	1,908	21.3	1,976	21.7	1,931	21.1
Three	562	6.3	594	6.5	577	6.3
Four	164	1.8	194	2.1	202	2.2
Five	69	0.8	71	0.8	65	0.7
Six or more	63	0.7	56	0.6	62	0.7
Missing removal episodes	10	0.1	0	0	1	0.0
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	1,602	39.5	1,710	38.9	1,652	39.2
	Number of Months		**Number of Months**		**Number of Months**	
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	15.9		15.4		16.0	

II. POINT-IN-TIME PERMANENCY PROFILE (continued)	Federal FY 2000		Federal FY 2001		Federal FY 2002	
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
VIII. Length of Time to Achieve Perm. Goal						
Reunification	4,561	0.5	4,096	0.4	3,927	0.6
Adoption	1,084	35.1	1,131	32.7	990	31.8
Guardianship	565	23.3	418	23.2	485	25.5
Other	594	21.4	493	19.7	482	22.9
Missing Discharge Reason	9	8.1	8	11.6	11	12.0
Missing Date of Latest Removal or Date Error[3]	316	NA	292	NA	345	NA
Statewide Aggregate Data Used in Determining Substantial Conformity	**# of Children**	**% of Children**	**# of Children**	**% of Children**	**# of Children**	**% of Children**
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) **[Standard: 76.2% or more]**	3,945	83.5	3,524	83.0	3,273	80.2
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) **[Standard: 32.0% or more]**	214	19.7	295	26.1	263	26.6
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) **[Standard: 86.7% or more]**	6,555	82.8	6,304	83.3	5,996	83.3
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) **[Standard: 8.6% or less]**	942	12.4 (70% new entry)	1,180	16.2 (71% new entry)	1,063	15.3 (73% new entry)

III. PERMANENCY PROFILE **FIRST-TIME ENTRY COHORT GROUP**	**Federal FY 2000**		**Federal FY 2001**		**Federal FY 2002**	
	# of Children	**% of Children**	**# of Children**	**% of Children**	**# of Children**	**% of Children**
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	2,626	72.1	2,535	71.3	2,467	73.3
II. Most Recent Placement Types						
Pre-Adoptive Homes	6	0.2	0	0	0	0
Foster Family Homes (Relative)	563	21.4	665	26.2	656	26.6
Foster Family Homes (Non-Relative)	1,512	57.6	1,394	55.0	1,306	52.9
Group Homes	77	2.9	61	2.4	64	2.6
Institutions	244	9.3	220	8.7	198	8.0
Supervised Independent Living	3	0.1	2	0.1	1	0.0
Runaway	13	0.5	11	0.4	15	0.6
Trial Home Visit	0	0	0	0	0	0
Missing Placement Information	80	3.0	141	5.6	150	6.1
Not Applicable (Placement in subsequent yr)	128	4.9	41	1.6	77	3.1
III. Most Recent Permanency Goal						
Reunification	2,367	90.1	2,274	89.7	2,180	88.4
Live with Other Relatives	42	1.6	47	1.9	38	1.5
Adoption	118	4.5	99	3.9	116	4.7
Long-Term Foster Care	12	0.5	21	0.8	15	0.6
Emancipation	12	0.5	13	0.5	11	0.4
Guardianship	17	0.6	17	0.7	20	0.8
Case Plan Goal Not Established	58	2.2	64	2.5	87	3.5
Missing Goal Information	0	0	0	0	0	0

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (Continued)	Federal FY 2000		Federal FY 2001		Federal FY 2002	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	1,612	61.4	1,558	61.5	1,426	57.8
Two	582	22.2	574	22.6	612	24.8
Three	240	9.1	203	8.0	224	9.1
Four	84	3.2	99	3.9	100	4.1
Five	37	1.4	45	1.8	41	1.7
Six or more	63	2.4	43	1.7	53	2.1
Missing placement settings	8	0.3	13	0.5	11	0.4
V. Reason for Discharge						
Reunification/Relative Placement	1,460	92.0	1,290	90.9	1,223	91.5
Adoption	2	0.1	1	0.1	1	0.1
Guardianship	6	0.4	6	0.4	10	0.7
Other	119	7.5	121	8.5	103	7.7
Unknown (missing discharge reason or N/A)	0	0	1	0.1	0	0
	Number of Months		**Number of Months**		**Number of Months**	
VI. Median Length of Stay in Foster Care	0.16[4]		0.16[5]		5.6[6]	

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY00, FY01, and FY 02 counts of children in care at the start of the year exclude 145, 143, 96 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]Dates necessary for calculation of length of time in care in these records are chronologically incorrect. N/A = Not Applicable

[4] This First-Time Entry Cohort median length of stay was 0.16 months in FY00. This includes 291 children who entered and exited on the same day (who had a zero length of stay). If these incorrectly included children had been excluded, the median length of stay would have been 0.2 months.

[5] This First-Time Entry Cohort median length of stay was 0.16 months for FY01. This includes 196 children who entered and exited on the same day (who had a zero length of stay). If these children incorrectly included children were excluded, the median length of stay would be .20 months.

6 This First-Time Entry Cohort median length of stay was 5.6 months for FY02. This includes 110 children who entered and exited on the same day (who had a zero length of stay). If these incorrectly included children had been excluded, the median length of stay would have been 7.2 months.

Additional Comment

The State will want to be aware that, in an effort to get Washington's profile to them as early as possible, the Children's Bureau has made a small change in the way we create the annual foster care file for 2002 only. Normally, the Children's Bureau takes into consideration any data that a State enters a little late. We do this by looking at the 2003a data submission for any relevant changes that got submitted in 2003a, but actually occurred in 2002b. Examples are admissions, discharges, and placement changes. The process used to create the annual file for Washington used only two AFCARS six-month submissions (FY02a and FY02b). This might result in an annual file that does not contain a complete and accurate record of the data for that year. The degree to which this is the case depends on a State's timeliness of data entry. Of course, all States are encouraged to enter data in as timely a way as possible because waiting for that added data from the following data submission causes a significant delay in the Children's Bureau's reporting of State data. Washington's 2003a data are not currently available because they have not yet been submitted but, after the States submits that file, a new data profile will be provided. This comments applies only to the FY2002 AFCARS data.

Safety

1. TRENDS IN SAFETY DATA

Have there been notable changes in the data elements over the past three years in the state? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the state.

I. Overview

The principal goal of CA is to protect children from abuse and neglect by their caregivers. Referrals to CPS come from neighbors, relatives, and professionals concerned about the welfare of specific children.

Parenting styles and discipline strategies vary among cultures, geographical divides and generations. While Washington supports the rights of families to establish and maintain autonomous value systems and rear children with minimal interference, the state has clear criteria about what kind of treatment constitutes abuse, and what kind of deprivation constitutes neglect.

CA's mission and purpose is to ensure the safety of children who cannot protect themselves, provide for their own physical, mental and emotional well-being, or advocate on their own behalf.

In 2002, there were more than 79,000 referrals made to DSHS alleging the abuse or neglect of a child or group of children. Of those allegations, over 38,900 met the definition of abuse or neglect. CPS assessed nearly 33,000 of those referrals and more than 4,500 of them were referred to the Alternative Response System. The Division of Licensed Resources Child Abuse and Neglect Section (DLR/CAN) responded to over 1,600 referrals.

II. Program Description

CPS Coordinators

Programs directed at intervention and reduction of child maltreatment are managed regionally within CA. The funding of six regional Child Protective Services (CPS) coordinators continues to constitute the largest expenditure of the funds provided by the CAPTA Basic State Grant. The CPS coordinator in each region is the resource for issues related to CPS and risk assessment. The coordinators meet monthly as a group with the state CPS program managers to discuss local and statewide issues.

The coordinators in the regions are responsible for:

- Regional and statewide CPS quality assurance,
- Staff and community training ,
- Statewide CPS projects,
- Consultation and consensus building ,
- Coordination of community based child protection teams,
- Participation in child fatality reviews, and
- Coordination of Alternative Response Systems (ARS) providing services for low risk families.

III. Policy Information

Referrals

Referrals made to CPS are allegations of abuse or neglect. Every report of suspected abuse or neglect is immediately assessed to determine whether it meets the legal definition of abuse. If a referral does meet legal criteria, the level of severity is assessed and a prescribed immediacy of response time is followed. The allegations determined to be at "high" or "moderate" risk requires a face-to-face contact by the social worker within 10 days of the report. Children who are determined to be in "imminent" danger of harm must be seen by a social worker within 24 hours.

Referrals that indicate a minor risk to children are sent to the Alternative Response System (ARS). ARS is a statewide service provided by contracted agencies to low-risk families in the least intrusive manner to improve family stability, prevent re-referrals to CPS for abuse and neglect, and improve the safety of children. ARS is time-limited and voluntary. (Refer to Chapter Five: Service Array and Development for additional information on ARS).

Finding Decisions

CA utilizes a three-tiered system for making finding decisions on referrals of abuse and/or neglect. The tiers are founded, unfounded and inconclusive. CPS investigators (both DCFS and DLR) base findings for victims on CA/N codes designated in the referral according to the following definitions:

Founded: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect as defined in WAC 388-15-130 did occur.

Unfounded: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect as defined in WAC 388-15-130 did not occur.

Inconclusive: Following the CPS investigation, based upon available information, the social

worker cannot make a determination that, more likely than not, child abuse or neglect has or has not occurred.

(Refer to question 2 of this section for additional information on finding decisions)

CPS Findings: Notification and Appeals

Notification

When CA receives a report of alleged child abuse/neglect, the person or persons alleged to have perpetrated the abuse/neglect is referred to as the "subject" of the referral. For all investigated cases, each subject is sent a notification letter informing them of:

- The fact that they were the subject of a child abuse/neglect investigation;
- The date of the referral;
- The referral number;
- The nature of the allegation(s) in the referral;
- The "finding" of the investigation (i.e. "founded", "inconclusive" or "unfounded") for each allegation; and
- A summary statement describing the basis for each finding.

Appeal Process

In addition to notifying all subjects of all CPS investigations, CA also provides clear instruction on the appeal process for founded CPS findings. There are several stages of review in this process.

First, in the notification letter described above, subjects are notified that there are twenty calendar days in which to request an administrative review. If the allegation is founded, the notification letter contains a form to request an administrative review. Data collection and tracking for these internal reviews is underway, and may be available in 2004.

The administrative review is conducted by the local DCFS area administrator or the CPS section manager for the Division of Licensed Resources. Within sixty calendar days of the subject filing the request, the decision is sent via certified mail to the subject, along with instructions for the second stage of appeal, which is to the Office of Administrative Hearings (OAH).

At this level, the subject has an opportunity to present evidence and call witnesses at a formal hearing conducted by an Administrative Law Judge (ALJ). Within 60 days of the hearing's completion, the OAH mails out an initial decision to all parties notifying them of the decision rendered by the ALJ. Information provided to all parties includes findings of fact and conclusions of law made following the hearing.

Decisions rendered by the OAH may be appealed either by the subject or by DSHS. This third

level of appeal is to the DSHS Board of Appeals (BOA). Parties must file a Petition for Review with the BOA within twenty-one calendar days of the date of the initial decision.

The BOA is a board of attorneys serving as administrative appeal judges. Judges at this level issue rulings based on the evidence and testimony presented at the OAH hearing relative to each finding, as well as the ALJ's findings of fact and conclusions of law. All parties are notified of the decision rendered by the DSHS BOA, along with instructions for how to pursue further appeal.

The fourth level of appeal is to the Washington State Superior Court. As the table below indicates, it is unusual for CAPTA cases to reach this level of appeal. Beyond this, two additional levels of appeal are possible through the State of Washington Court of Appeals, and finally the State Supreme Court.

Of approximately 3,700 CPS findings produced by DCFS and DLR workers in 2002, appeals were as follows for the different levels of review:

Table 1. Number of Appeals by Level of Review in 2002

Level	Description of Level	Number of Appeals
Level 1	**DCFS Administrative Review**	**Data Not Available**
Level 2	**ALJ Administrative Hearings**	**18 findings upheld; 19 findings reversed**
Level 3	**DSHS Board of Appeals**	**8 decisions upheld; 3 decisions reversed**
Level 4	**Superior Court**	**1 appeal – decision pending**
Level 5	**Court of Appeals**	**0**
Level 6	**State Supreme Court**	**0**

(Source: Children's Administration Annual Progress and Services Report, June 2003)

Central Intake (CI)

In August 2002, CA began operating Central Intake (CI), a central reporting center for statewide referrals alleging C/AN on the weekends and after business hours. In December 2002, CI began operating 24 hours a day, seven days a week to accept all CA/N referrals across the state and replaced intake units in 43 local offices. CI receives an average of 250 to 300 referrals per day and 6,000 referrals per month.

Central Intake was implemented to:

- Improve consistency of screening decisions;
- Improve consistency and timeliness of responses to reports of CA/N;
- Improve efficiency; and
- Meet legislated budgetary reductions.

Initial trends indicate Central Intake has:

- Slightly higher rates of accepted referrals (51% compared to 49%); and
- Slightly lower placement rates (12% compared to 14%).

Central Intake faced significant implementation issues, including:

- Staffing;
- Defining roles and responsibilities of Central Intake and regional staff including responsibilities to coordinate with local law enforcement;
- Wait times experienced by referents calling the toll free Central Intake number;
- Training staff to use new equipment; and
- Opposition of many CA staff and communities to the centralized model.

Central Intake responded to these issues by:

- Hiring additional CI supervisory and front line staff;
- Sending CI staff to meetings with internal and external stakeholders to improve communication and working relationships;
- Encouraging consensus building on screening decisions facilitated by the CPS coordinators; and
- Hiring customer service staff to respond to calls that were not referrals or requests for CWS or FRS services.

In response to growing community/stakeholder concerns, DSHS Secretary Dennis Braddock contracted with Sterling Associates for an independent review of the Central Intake system on March 27, 2003. In addition, the CA Case Review Team conducted a review of referrals in April, 2003. (Refer to Data Trends Section of this question for the data results of the case review).

Neither the case review nor the Sterling report found that any child had been abused/neglected as a direct result of problems related to the implementation of the Central Intake program. Both reviews concluded that Central Intake assessments of a child's risk for abuse or neglect were no less consistent than the previous local office model. In addition, Central Intake surfaced long-standing issues regarding the quality and consistency of intake decisions. A common point of intake made these issues more obvious. However, the Sterling Associates review made it clear

that CA miscalculated the number of staff, the amount of training they required, and the resources needed to build a new, more efficient system. CA also underestimated the importance of local working relationships between our staff and the communities they serve. CA did not give adequate time to hear their views, or give sufficient weight to their concerns.

CA announced on June 9, 2003 that CI will continue for after-hours reporting, and that all child placement and daytime intake responsibility will return to local community field operations. The decision-making process included extensive consultation with community partners, staff, union and transition and oversight committees.

The placement function of after hours intake was successfully transitioned back to field operation on August 18, 2003. Regions are currently in the process of completing plans for the transition of daytime intake to local office operations. This is expected to occur by mid November 2003.

Parent Trust Program

Since 1990, CA has partnered with Parent Trust to provide services to families in Washington State. The Parent Trust Family Help Line is the only free, confidential, statewide phone service for Washington families to call before child abuse occurs. The three most common concerns for parents were:

- Need for support;
- Anger with a child's behavior; and
- Crisis with a teenager.

The Family Help Line is also the statewide number used for the Child Abuse Prevention Blue Ribbon Campaign, the Shaken Baby Syndrome Prevention Campaign and the Relatives as Parents Program.

Parent Trust also conducts parent support groups that serve families at the highest risk for child abuse and neglect. From July, 2002 to January, 2003, Parent Trust handled 1,090 Family Hotline Calls. During this same time period, 48 Parent Trust Groups provided:

- 6,720 total visits to 1,001 family members,
- 647 caregivers attended 30 Parent Trust groups, and
- 354 children attended 18 Parent Trust Groups.

The Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN)

WCPCAN provides community based family support and child abuse prevention programs that serve a variety of families including teen parents, Hispanic/Latino families, Native American families, Russian families, fathers, refugee families, families with low incomes, and families who are homeless. WCPCAN is funded by the state's general fund (through a tax on marriage

licenses), the federal Community-Based Family Resources and Support Program grant, the state Children's Trust Fund, and private donations.

WCPCAN activities include:

- Development of a statewide network of community-based programs to support families and promote healthy child development;
- Funding of 16 community-based family resource programs throughout Washington;
- Co-sponsorship of the Shaken Baby Syndrome Prevention public awareness campaign;
- Collaboration with statewide partners to provide training and peer support opportunities for volunteers, parent leaders and staff of local family support programs; and
- Support services to approximately 5,000 families each year.

Child Protection Teams

The regular use of a community based Child Protection Team (CPT) is standard practice throughout the state. Staff are required to consult with the CPT regarding many high risk cases and may consult with the CPT on any case where the CPS staff want additional consultation in developing a case plan for the child and family.

Statewide CPT coordinators meet quarterly. The coordinators group continues to work on statewide consistency for the CPT process. Four new statewide CPT forms are now being used in every office at CPT meetings:

- The Confidentiality Pledge;
- The Attendance and Confidentiality Agreement;
- The CPT Case Presentation Summary; and the
- The CPT Staffing Recommendations.

The coordinators completed a revised Volunteer Handbook for CPT members in December, 2002. The CPT Volunteer Handbook has been provided to CPT team members and is available on the intranet for all CA staff. The CPT coordinators, in cooperation with the Office of Staff Development and Training, have developed a revised training curriculum for CPT members across the state. This training includes the new assessment and planning tools introduced through the Kids Come First Action Agenda. CPT Coordinators participated in a train the trainers workshop, and are now delivering this training to CPT members. (Refer to Chapter Nine: Permanency for additional information and statistics on the use of CPT's).

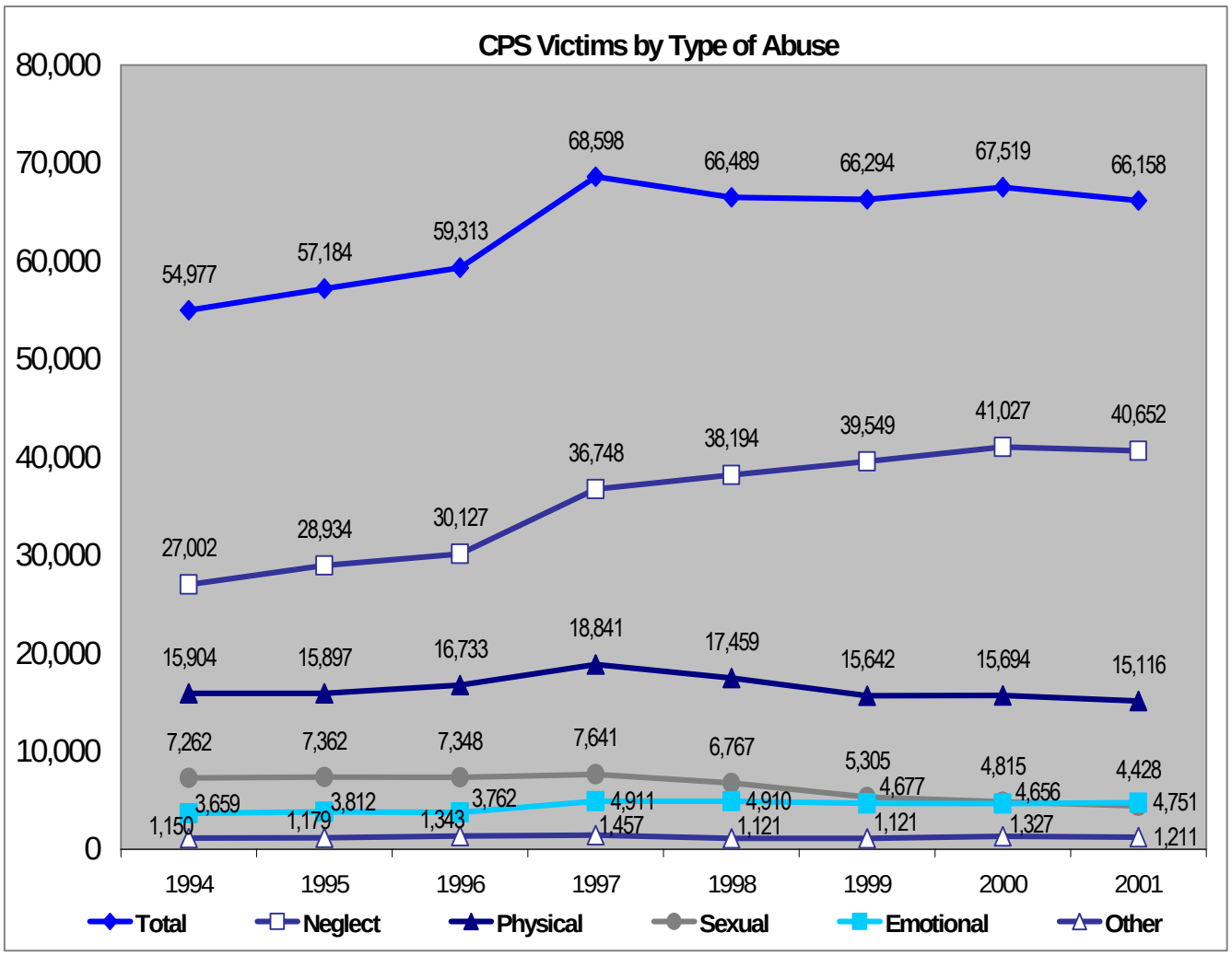
Data Trends

Growth in incidence of neglect

The most notable changes in data during the past three years are the increase in incidence of neglect, and the decrease in reports of physical and sexual abuse. Understanding and responding

to the increase in neglect has been a central focus for Washington's child protection community. As reflected in Chart 1, the number of victims of neglect have risen from 27,002 in 1994 to 40,662 in 2001, an increase of 66%. At the same time, referrals for physical, sexual, and emotional abuse have all declined.

Chart 1. Child Protection Service Victims by Type of Abuse



(Source: Children's Administration Performance Report 2002)

Note: Each victim may be reported for more than one type of abuse or neglect. "Other" includes prenatal neglect, mental injury, exploitation, abandonment, and death. (Prior to 1994 also included emotional abuse). Based upon Calendar Year, rather than fiscal year calculations.

In the 1980s and early 1990s, when reports of child sexual abuse were increasing, the state re-

sponded by developing specialized training to help social workers recognize signs of sexual abuse and conduct investigative interviews. Partnerships with law enforcement were created to coordinate handling of investigations and management of legal factors involved in these cases. Specialized treatment methods were developed by community partners to help abused children recover and to address the needs of their siblings, non-offending parents, and perpetrators.

In essence, these cases involved determining whether sexual abuse occurred, and, if it did, protecting children from the perpetrator. Because sexual abuse is a criminal offense, prosecution and removal of the perpetrator resolved many cases. Cases of physical abuse of children present a similar constellation of dynamics.

Problems of child neglect, however, present a range of challenges that may require a different skill set and knowledge base within the child protection community, including:

(1) Screening and risk assignment decisions

Physical abuse and sexual abuse require reporting of incidents where a child may have experienced direct harm. In most cases the line between parental behavior related to physical or sexual abuse is relatively clear. However, neglect involves parental omission which may or may not cause immediate identifiable harm to a child. Reports of neglect frequently include parental "lifestyle" issues or issues related to poverty. These issues, and the fact that intake reports of neglect often fall below the level of imminent harm required to authorize mandated state child protection intervention, affect screening and risk assignment decisions. While CA is able to authorize voluntary services, these are not always embraced by under-involved parents.

(1) Substantiation decisions

Because neglect cases require establishing the absence of nurturing rather than the presence of abuse, substantiation in neglect cases is often difficult. CA has responded with strategies designed to understand and define neglect, and to integrate knowledge about neglect into work with families:

- Specialized training has been developed for social work staff and supervisors about the impact of child neglect on early brain development and attachment. Training on the issue of neglect is provided at initial academy training for social workers. Additional training is offered post-academy.

- Legislation has been drafted that would make it possible to consider *cumulative harm* within the context of "imminent risk of substantial harm," so that there is a stronger legal basis for court intervention in the lives of neglected children. (This was not enacted in the previous legislative session due to budgetary concerns related to the potential increase in services and staffing.

- Specialized training for social workers has been instituted to help them identify signs of methamphetamine production, to understand its risks to children, and how to protect themselves in the event that they encounter a manufacturing site. (Refer to question eight of this section for additional information on the issue of methamphetamines).

Impact of growth in neglect on state's data profile

A core federal safety measure is the recurrence of maltreatment. Washington does not meet the federal standard for this measure. This may be due in part to the increase in the number of neglect cases and the difficulty in resolving these often ambiguous cases of chronic, low-level neglect without the legal authority to mandate family participation in services.

It is important to note that although Washington does not meet the federal standard for recurrence, there has been a slight decrease in recurrence of maltreatment in the past three years. This positive trend may be due to:

- Staff training that has resulted in screening in and intervention in more cases of neglect;
- Implementation of a revised risk assessment tool, a new safety assessment/safety planning tool, a reunification assessment and transition/safety tool;
- Development of staff training on the impact of neglect on early brain development and attachment;
- Pilot projects that demonstrate new models for intervening with neglecting families;
- Improved timeliness of response to investigations; and
- Increased use of Child Protection Teams (CPT).

Decline in number of reports accepted for investigation and founded referrals

The number of accepted reports of abuse and neglect over the past three years has declined, despite increasing unemployment. This trend is contrary to research showing a link between family and societal stressors and child abuse and neglect. Although the total number of reported CPS referrals has remained relatively constant and the number screened out has increased, the reasons for this remain unclear (Alternative Response referrals are included in the number of accepted referrals, so they do not affect this measure).

During the same period, the proportion of founded referrals has also declined. The beginning of a sharp decline in the percent of founded referrals corresponds to passage of a law (CAPTA) requiring that social workers send a notification letter of the results of their investigation to alleged perpetrators of abuse and neglect, and a third part review process. Many other states have seen similar declines upon adoption of similar notification requirements. In contrast to the experience of these states, which have seen a subsequent gradual increase in the proportion of referrals founded, Washington's founded rate has remained low. (Refer to question two, Data Trends Section, for additional information.)

Central Intake CAMIS Record Review

The CA Case Review Team reviewed the quality of referrals received by Central Intake. The Case Review Team reviewed a random sample of 293 referrals received between March 15, 2003 and April 15, 2003. Intake referrals were reviewed in the program areas of CPS, DLR/ CAN, CWS, and FRS.

As reflected in Chart 1, approximately three-fourths of the referrals reviewed were received during the daytime and one-fourth were received after hours, which includes evenings, weekends and holidays. The majority of the referrals reviewed had been accepted for investigation (61%), with the remaining being screened as information only and third party referrals.

Chart 1. Number of Referrals Reviewed per Shift

Number of Referrals Reviewed per Shift and In All Programs March – April 2003			
	Accepted	**Information Only**	**3rd Party**
	61% (176)	**34%** (102)	**5%** (15)
Daytime **76%** (224)	**58%** (130)	**37%** (82)	**5%** (12)
After Hours **24%** (69)	**68%** (46)	**28%** (20)	**4%** (3)

(Source: Central Case Review Team Report: Central Intake CAMIS Record Review, May 2003)

In 91% of all of the referrals reviewed, the reviewers rated the final Central Intake screening decision as accurate. In addition, in 91% (129) of the CPS referrals reviewed, the reviewers rated the designated response time (emergent or non-emergent) as accurate. Reviewers found that in 90% (128) of the CPS referrals reviewed, the reviewers rated the standard of investigation (high or low) as accurate.

The reviewers reported that in 78% of all referrals reviewed, efforts were *not* documented to discover the family members' Native American status. This was the first attempt to measure this issue for intake. New requirements were created for central intake that specified how to inquire about Native American status and where to document the information. This level of documentation was significantly greater than what was previously required of intake. In order for the referral to receive a rating of *fully achieved*, efforts that were made to determine the family

member's Native American status were documented in the narrative section of the referral. (Refer to Chapter Six: Agency Responsiveness to the Community, question 4 for additional information on this issue).

IV. Initiatives

Audio Recording of Investigative Child Interviews

Statewide implementation of audio recording of investigative child interviews for child sexual and physical abuse was planned for May, 2003. Implementation has been delayed due to current budget constraints. Implementation is expected to begin in December, 2003. A significant amount of work has been done to support statewide implementation. Draft policy and procedures have been developed, the digital equipment test is complete, transcription standards have been identified and bids for transcription providers have been evaluated. A practice guide for audio recording of child interviews is currently being developed. Procedures have also been developed for using the digital equipment.

Mandated Reporter Video

The 2000 video, "Making a CPS Referral: A Guide for Mandated Reporters" continues to provide consistent training to mandated reporters. Complimentary VHS/CD ROMs are available in both English and Spanish. CA contracts stipulate that contracted providers must ensure all staff view this video, and that each employee signs and dates a statement acknowledging the duty to report child maltreatment.

Kids Come First (KCF) Action Agenda

As discussed in previous chapters, the Kids Come First (KCF) Action Agenda is a comprehensive approach to improving the Washington child welfare system. This agenda has been a driving force in establishing child safety as the preeminent goal of public child welfare in Washington. The KCF action agenda aligns with the CA's Strategic Plan and the CFSR. The goals of the KCF action agenda are organized into four areas: safety, permanence, well-being, and improving organizational effectiveness. This has reinforced goal alignment within the organization.

Kids Come First has four primary goals:

1. To make child safety the first priority;
2. To improve the wellbeing of children in out-of-home care;
3. To improve the quality and effectiveness of the state's child welfare services; and
4. To support those community partnerships that will protect children, increase their stability, and help expedite permanency in children's placements.

As part of KCF, several tools were developed to assist social workers in decision-making and

case assessments. These tools are discussed throughout several chapters of this assessment. The tools include:

- Safety Assessment;
- Safety Plan;
- Investigative Risk Assessment;
- Reassessment of Risk;
- Reunification Assessment; and the
- Transition and Safety Plan.

V. Lessons Learned During the Statewide Assessment

Strengths

- Several regions are implementing special projects to specifically address issues of neglect.

- The Kids Come First Action Agenda has resulted in new tools being developed to increase the safety of children. The tools have not been in use long enough to measure their impact.

- Staff have been provided with additional training on child neglect.

Challenges

- The number of neglect referrals have steadily increased, from 27,000 in 1993 to 42,000 in 2001.

- Washington currently does not meet the national standard for recurrence. The national standard is 6.1% or less. Washington is currently at 10% for FY 02.

- Like other states, Washington is challenged to develop a stronger legal framework and service options for effective interventions in cases of chronic neglect.

2. CHILD MALTREATMENT: Examine the data on reports of child maltreatment. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports, and factors that influence decision making regarding the disposition of incoming reports.

I. Overview

In making findings on cases, CA uses the term "founded" rather than "substantiated" and "unfounded" rather than "unsubstantiated." A third category of "inconclusive" is used when there is insufficient information to either confirm or deny the incidence of abuse or neglect, which is reported to the federal government as "other". (Refer to Program and Policy Section of this question for additional information). These categories make it difficult to compare the practice of substantiation and disposition of reports in Washington to that of other states.

II. Program and Policy Information

Decisions about incoming reports

A referral must allege abuse or neglect that violates Washington state law in order for that referral to be screened in and responded to. Washington law defines child abuse or neglect as "…the injury, sexual abuse, or negligent treatment or maltreatment of a child by any person under circumstances which indicate the child's health, welfare, and safety is harmed thereby."

The CPS referral and intake process is described in *The Practice Guide to Risk Assessment,* which is utilized to guide decision-making based on the following steps:

- Identify specific allegations of abuse or neglect and/or risk of serious and immediate harm;
- Complete the sufficiency screen;
- Complete a file review to determine previous reports related to identified children and perpetrators;
- Document current and past CPS history, if any;
- Contact collateral sources of information;
- Complete CAMIS intake document;
- Evaluate risk factor information based on the intake risk assessment; and
- Determine risk level and response time.

The sufficiency screen identifies specific criteria required prior to assigning a case for investigation, including:

1. Can the child be located?
2. Is the alleged perpetrator the parent/caregiver of the child?
3. Is there an allegation of child abuse and/or neglect that meets the legal definition?

4. Do risk factors exist that place the child in danger of serious and immediate harm?

CA has engaged in focused, purposeful work to improve the quality and consistency of decision-making processes throughout the life of a case. CA is also working to change the culture of decision making, so that decisions are less subjective and are based on best practices and accurate data about what produces the best results for children and their families.

This change, with its commitment to evidence-based practice and rigorous use of data to drive decision-making, is reflected in the Kids Come First Action Agenda, the Foster Care Improvement Plan, staff training, and in a variety of new tools such as the *Practice Guide to Risk Assessment.* The chart below describes the risk assessment decision making process that staff are trained to use in Washington.

Chart 1. Risk Assessment and Decision Making

(Source: Children's Administration Practice Guide to Risk Assessment)

Finding Decisions

Washington utilizes a three-tiered system for making finding decisions on referrals of abuse and/or neglect. The tiers are founded, unfounded and inconclusive. CPS investigators (both DCFS and DLR) base findings for victims on CA/N codes designated in the referral according to the following definitions:

Founded: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect as defined in WAC 388-15-130 did occur.

Unfounded: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect as defined in WAC 388-15-130 did not occur.

Inconclusive: Following the CPS investigation, based upon available information, the social worker cannot make a determination that, more likely than not, child abuse or neglect has or has not occurred.

It should be noted that CA is in the process of reviewing whether to maintain the "Inconclusive" category of findings.

(Source: RCW 26.44.020)

Data Trends

Number of Referrals with Documented Findings

The number of referrals with documented findings of abuse and/or neglect (and therefore the number of children with documented findings of abuse and/or neglect) have declined over the three-year period reviewed. The decline was reflected in the Washington Child and Family Service Data Profile from 22,709 in CY 2001 to 18,441 in CY 2002, as shown in Chart 2, below. The decline appears to be related to delays by social workers in entering findings. In order to meet the federal request to calculate the data profiles, in preparation for the CFSR, CA submitted data three months earlier than in previous years, and not all documentation was entered. During CY 2002, there were actually 23,089 referrals that had investigative findings or dispositions, rather than the 18,441 submitted to the National Child Abuse and Neglect Data System (NCANDS), as indicated in Chart 2.

Chart 2. Disposition of CAN Reports

Disposition of CAN Reports	CY 2000		CY2001		CY2002	
	Reports	Unique Children	Reports	Unique Children	Reports	Unique Children
Founded (Substantiated)	**4,731**	**5,976**	**3,998**	**5,159**	**3,161**	**4,069**
Unfounded (Unsubstantiated)	**10,064**	**13,754**	**10,204**	**14,110**	**8,482**	**11,888**
Inconclusive (Other)	**9,611**	**10,859**	**8,507**	**9,657**	**6,798**	**8,122**
Total	**24,406**	**30,589**	**22,709**	**28,926**	**18,441**	**24,079**

(Source: Washington Child and Family Service Data Profile)

Since the most recent submission of NCANDS, CA has identified a problem in the data extraction method used to submit the NCANDS data. Referrals *made* during the calendar year have historically been submitted, rather than the referrals *disposed of* during the calendar year. This problem may have a slight impact on the actual numbers. However, this problem should not affect the overall trend when comparing the three years of data, since all three years were submitted using the same extraction method.

As can be seen in Chart 3, the number of DCFS and DLR/CPS accepted referrals has declined over the three-year period, but not to the extent indicated in the NCANDS data. The data presented in Chart 3 is collected from CA and reflects the number of referrals for service from 1999-2002, by program. This chart presents a much more accurate picture of Washington's trend related to referrals of abuse and neglect, rather than CAN reports disposed of, as reflected in Chart 2.

Chart 3. Number of Referrals for Service

Children's Administration Referrals for Service					
Calendar Year		1999	2000	2001	2002
CPS Accepted Referrals	ARS	4,659	4,759	4,833	4,536
	DLR CPS	2,254	2,195	1,648	1,710
	DCFS CPS	33,558	35,022	33,783	31,990
	Total	40,471	41,976	40,264	38,236
CPS Referrals - Not Accepted		35,101	37,539	39,263	41,323
Total CPS Referrals		75,572	79,515	79,527	79,559

(Source: Children's Administration Data Management Unit)

Only reports with documented findings are reported to NCANDS. Reports that do not have documented findings are not reported. Alternative Response Services (ARS) referrals do not require a finding, while moderate to high risk DCFS and DLR CPS referrals do require a finding.

As reflected in Chart 4 below, there is a disparity between reports with documented findings and accepted referrals that require a finding to be recorded. In CY 2002, 27,506 referrals required a finding, but only 23,089 have one documented, leaving 16% undocumented. This appears to be related, at least in part, to DCFS' staff use of CAMIS. Social workers are permitted to link more than one related referral to one investigative assessment in order to decrease workload. However, if the referrals are not linked correctly, it appears in the system that the worker has not completed the assessment and findings on some of the referrals. Other possible explanations for undocumented findings on referrals will need further exploration.

Chart 4. Disposition of Accepted DCFS CPS Referrals

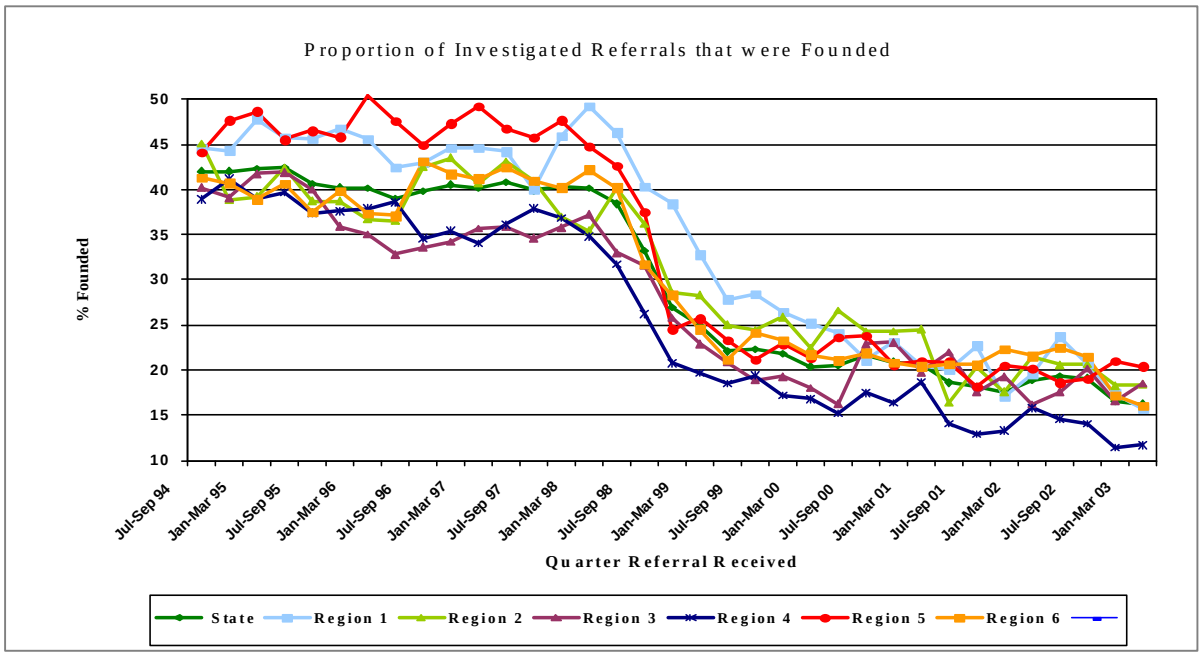
	Investigative Finding					
Intake Risk Tag	**Founded**	**Inconclusive**	**Unfounded**	**None Recorded**	**Total**	
0 – No Risk				**15**	**15**	**4,484- No Finding Required**
1 – Low Risk			**1**	**975**	**976**	
2 – Mod Low		**8**	**9**	**3,476**	**3,493**	
3 – Moderate	**1,282**	**4,211**	**5,265**	**2,024**	**12,782**	
4 – Mod High	**1,064**	**2,366**	**2,692**	**1,247**	**7,369**	
5 – High	**1,889**	**2,116**	**2,186**	**1,164**	**7,355**	**23,089 Findings Recorded**
Total Referrals	**4,235**	**8,701**	**10,153**	**8,901**	**31,990**	
No Finding Required		**8**	**10**	**4,466**	**4,484**	
Finding Required	**4,235**	**8,693**	**10,143**	**4,435**	**27,506**	

(Source: Children's Administration Data Management Unit)

Founded Referrals

As reflected in Chart 5, below, the percent of founded referrals has declined from a high of 40% in 1999 to a recent low of 16% statewide, and a low of 11% in Region 4.

Chart 5. DCFS CPS Founded Referral Rate



(*Source: Children's Administration Data Management Unit, Monthly Trend Report)*

The decline in the founded rate appears to be related to the advent, in 1999, of CAPTA letters sent to alleged perpetrators notifying them that they had been determined by CA to have abused or neglected a child, and that they have the right to a third party review process. The resultant challenges by alleged perpetrators of these findings appear to have increased the level of proof required before workers are willing to document a referral as "founded".

Comparison to Other States

Washington's substantiation rate is lower (17% in CY 2002) than the national average substantiation rate (31.4% in CY 2001, the last year available). However, states with three levels of findings include their middle tier of "indicated" as substantiated referrals, greatly increasing the percent of referrals in those states that are considered to be substantiated. Washington has a middle tier of "inconclusive", which is substantively different than other states' middle tier of "indicated". "Indicated" generally means that the worker believes abuse or neglect occurred but could not prove it, while inconclusive means that the evidence was unclear and does not indicate whether the worker believes it happened or not. The inconclusive referrals in Washington

are coded in the federal data as "other," which makes any comparison to other states or national statistics very difficult. Therefore, Washington's lower rate of substantiation is expected. Nonetheless, the marked decline since 1999 is not fully explained by this difference in reporting protocols. It should be noted that CA is in the process of reviewing whether to maintain the "Inconclusive" category of findings.

Factors That Influence the Decision Not to Substantiate a CPS Referral

The Office of Children's Administration Research (OCAR) conducted a three-phase study on *Factors That Influence the Decision Not to Substantiate a CPS Referral*. The final report, issued in March, 2002, included a summary of social worker interviews that were conducted to gain additional information on the issue of decision making and substantiation.

CPS workers report that they do use risk factors to support a finding decision, but many cases are classified as inconclusive or unfounded even if they believed that abuse/neglect occurred. Reasons associated with classifying a case as inconclusive or unfounded, even if they believe that abuse/neglect occurred, include lack of physical evidence or child disclosure, conflicting information from collaterals, absence of injury, credible statements, or alleged perpetrator denial. Also, other factors that influenced the finding decision included cooperative caregiver, assessment that the referral was based on custodial issue, insufficient time to complete investigation, good parent/child relationship, the condition of the home or the appearance of the child.

(Source: OCAR, Final Report: Factors That Influence the Decision Not to Substantiate a CPS Referral, Page 7).

Service Utilization

It is important to note that CA can and does refer families for services even if the referrals are inconclusive or unfounded. This is not evident in the federal data profiles. There is no administrative data that quantifies the extent of service utilization of these families. However, the high victim recurrence rate raises concerns about the effectiveness and/or utilization of services by families who are not under court order

III. Initiatives

New WAC's

New Washington Administrative Codes (WAC) for CPS have been implemented. The new WAC's clarify and define allegations of abuse and neglect. In addition, new practice guidelines for making findings related to allegations of abuse and neglect have been developed and provided to CA staff. CPS Coordinators have provided training to staff on the new CPS WAC's and findings guidelines.

Practice Guide

A *Practice Guide to CPS Findings* has recently been developed by CA. The manual is designed to provide guidance to workers on findings to promote statewide consistency.

IV. Lessons Learned During the Statewide Assessment

Strengths

- CA has complied with the CAPTA requirements and developed policies related to the notification of abuse and neglect findings and a third party review process. The CAPTA requirements have recently been incorporated into the new academy training model and a module has been developed on *Decisions, Findings, and CAPTA letters.*

- OCAR has conducted a great deal of research on issues related to child abuse and neglect, which continues to inform decision-making within the state. Some of the most notable research includes the three-phase research on *Factors That Influence the Decision Not to Substantiate a CPS Referral.*

Challenges

- In CY 2002, 16% of CPS moderate to high-risk referrals that required a finding did not yet have one documented in August 2003.

- Washington is one of the few states to classify findings as founded, unfounded and inconclusive, making it more difficult to compare to other states.

3. CASES OPENED FOR SERVICES: Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened.

1. Overview

CA operates its Child Protective Services Program on the premise that a service is provided when a CPS investigation is conducted. Based on Washington's definition of service, all 38,236 accepted CPS referrals (see Question 2, Chart 3) in CY 2002 received a service of some kind. However, it appears that this question is really asking for a response more consistent with the model used in many states whereby CPS referrals enter through an investigation unit, the referral is investigated, and the referral is then opened as a case for additional services when warranted. To the extent possible, attempts have been made to respond to the presumed *intent* of this question.

II. Program and Policy Information

Washington has a very extensive risk assessment process that guides workers in making decisions about the potential for future risk for families and children, based on information gained during the investigation.

Services for Substantiated Cases

As a result of Washington's approach to CPS services, there is no distinction made between referrals for services based on substantiation or non-substantiation of the referral. CPS refers families for services based on *risk*, not on whether the allegation was founded, unfounded, or inconclusive. Social workers can and do refer families for services even when the referrals are inconclusive or unfounded.

A social worker has 90 days to complete a CPS investigation, because it is expected they will provide or arrange needed services during that time in addition to conducting the investigation. As a result, the same social worker that conducts the investigation may also provide the service. Within CAMIS, it is difficult to identify cases that received only an investigative service and those cases that received additional *unpaid* services**.**

CA policy allows social workers to work with a family beyond the 90 days of the investigation, as long as the family has signed a Voluntary Service Agreement. CA has a broad array of services that can be provided to families, and the voluntary agreement allows CA to focus the resources to prevent out-of-home placement.

Cases Opened for Services versus Investigation Only

In order to better understand cases that are only investigations versus other services, efforts

were made to identify data in CAMIS that would indicate a family had received services in addition to the investigative service. One clear way to define services is to identify those families who received services from state contractors or other service providers (i.e. concrete services, mental health, etc.) who were paid for the service by CA through the Social Services Payment System (SSPS). This method only identified a portion of the families receiving services, because it did not take into account those cases in which services were provided by CA or by community organizations to which no payment was made. (Refer to Chapter Five: Service Array and Development for additional information on the types of services.)

An attempt was also made to look at the amount of time a case was open for service and then at related documentation that might indicate additional unpaid services were provided. Cases with documented narrative entries more than 60 days after the case was opened were reviewed. No clear pattern was found to identify investigation-only cases and cases that received services following the investigation.

The overall approach to conducting CPS investigations in Washington makes it very difficult to clearly identify those cases receiving services following an investigation. It is even more difficult to distinguish between those cases opened for services following a *report* of abuse/neglect and those cases opened for services based upon a *substantiated finding* of abuse or neglect.

Data Trends

Cases Opened For Services versus Rates of Substantiated Reports Received

The extent of services provided in substantiated CPS cases is not apparent in the federal data profiles, even though they are based on data that Washington State reports to the National Child Abuse and Neglect Data System (NCANDS). NCANDS specifies that states are to report "post-investigative services." Therefore, Washington only reports *paid* services that can be specifically linked with the child or family.

As a result, services reported to NCANDS only include services paid with SSPS codes 2510-2599, 2430, 2450, and 2460. These include services such as Family Reconciliation Services, Home-Based Services, and Intensive Family Preservation Services. In addition to these specific paid services, CA provides many unpaid services which cannot be tracked in the information system.

Most of these *paid* in-home services are provided to families when their children are still placed in their own homes, therefore, the percent of children with a substantiated referral who receive *either* paid in-home services or placement services is better understood when looking at both the percent receiving services and the percent placed. Although these two figures contain some duplication (families receive both paid in-home services and paid placement services) and cannot be simply added together, it is estimated that in Washington a minimum of 90-95% of families with a substantiated referral receive services beyond the investigation. See Table 1.

Table 1. Child Safety Profile CY 2000 to CY 2002

	CY 2000		CY 2001		CY 2002	
	Duplicated Children	Unique Children	Duplicated Children	Unique Children	Duplicated Children	Unique Children
Substantiated Referrals	7,095	5,976	6,010	5,159	4,676	4,069
Child Cases Opened for Services	3,957	3,178	3,487	2,851	2,767	2,325
Percent of Substantiated Referrals Open for Services	55.8%	53.2%	58.0%	55.3%	59.2%	57.1%
Children Entering Care Based on CA/N Report	3,019	2,408	2,835	2,304	2,296	1,930
Percent of Substantiated Referrals with Children Entering Care	42.6%	40.3%	47.2%	44.7%	49.1%	47.4%

(Source: Washington Child and Family Service Data Profile, March 27, 2003)

Concern has been expressed that because Washington substantiates a much lower percentage of cases than the percent substantiated nationally, it would be expected that a higher percentage of these most difficult cases would be opened for service, rather than the 59% shown as opened for service using NCANDS data. It is believed that nearly 100% of the cases are open for service, even though it is not evident in the data profiles, due to the limitations in tracking unpaid services.

Nationally, a larger percentage of reports are substantiated and over half of this larger number is opened for service. In Washington, a smaller percentage of reports are substantiated, and over half of this smaller number of cases is opened for services. While the *percent* of cases nationally that are open for services is very similar to the *percent* of open cases receiving *paid* services in Washington, the state and national rates are not comparable because of the extensive risk assessment screening process in Washington which screens out cases that may be investigated in other states and the exclusion of *unpaid* services in the analysis.

Number of Children Placed versus Rates of Substantiated Reports Received

Nationally, about 20% of the children in substantiated referrals are placed, compared to about 45% in Washington. As explained in question two, Washington only substantiates the most high-risk referrals, therefore, a higher percentage of these children are likely to require placement. What appears to be a higher placement rate is more likely a state-national comparison of the impact of the low percentage of referrals that are substantiated in Washington.

Number of Children Placed versus Total CA/N Reports Disposed Of

When comparing the number of children placed to the *total* number of CA/N reports disposed of, Washington also appears to be placing a higher percentage of children than nationally. Refer to Table 2, below. However, the state and national rates are not truly comparable, because Washington screens out over 50% of the referrals made to CPS through the risk assessment process designed to assure that children are protected without unnecessary intervention in their families' lives. (Refer to Chart 3 in question two).

Table 2. Total CA/N Reports

	CY 2000		CY 2001		CY 2002	
	Duplicated Children	**Unique Children**	**Duplicated Children**	**Unique Children**	**Duplicated Children**	**Unique Children**
Total CA/N Reports Disposed – National	2,374,432	1,895,283	2,710,649	2,210,112		
Children Entering Care Based on CA/N Report - National	100,883	87,527	119,630	105,836		
Percent of Total CA/N Reports with Children Entering Care - National	4.2%	4.6%	4.4%	4.8%		
Total CA/N Reports Disposed - Washington	38,070	30,589	35,491	28,926	28,751	24,079
Children Entering Care Based on CA/N Report - Washington	3,019	2,408	2,835	2,304	2,296	1,930
Percent of Total CA/N Reports with Children Entering Care – Washington	7.9%	7.9%	8.0%	8.0%	8.0%	8.0%

(Source: Washington Child and Family Service Data Profile, March 27, 2003)

III. Initiatives

Re-assessment of Risk

The assessment of risk is used to help a worker determine what services should be provided to a family. As one of the Kids Come First assessment tools, a re-assessment of risk was created to guide workers in:

- Identifying specific changes in current risk factors in comparison to the identified previous risk factors in the investigative risk assessment;
- Accurately assessing current risk of child maltreatment, drawing appropriate conclusions of current overall risk based on data, observations and interviews, comparing current protective

factors to protective factors in the investigative risk assessment; and
- Evaluating the effectiveness of the intervention, and applying the results of the reassessment to case planning.

OCAR Research: Factors That Influence the Decision Not to Substantiate a CPS Referral

OCAR completed a study in February, 2002, titled: *Factors That Influence the Decision Not to Substantiate a CPS Referral*. CPS workers were interviewed as a part of the study. One of the items the study looked at was the workers' perceptions related to the impact of making a finding decision on service expectations.

The study was reflective of a varied response statewide in the practice of closing a case after a finding of founded, verses requiring service provision based upon the finding. Although rare, there are cases in which it would be appropriate to close a case after a founded finding, based on the issue of risk. In some instances, throughout the process of investigation, the risk level is significantly decreased, resulting in less of a need for service provision.

IV. Lessons Learned During the Statewide Assessment

Strengths

- All CPS referrals accepted for investigation receive some type of service, including an assessment of risk which promotes safety for the child.

Challenges

- There currently is not a system in place to distinguish in CAMIS between cases that have been open for services following a report of maltreatment and those that are only investigated and then closed.

4. CHILDREN ENTERING FOSTER CARE BASED ON CHILD ABUSE AND/OR NEGLECT. Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment, or changes in the foster care population.

I. Overview

As identified in question 3 there is insufficient data to adequately track or understand the amount of unpaid services provided to children and families. *Paid* services are provided to approximately 50% of children with substantiated abuse or neglect.

Social workers and supervisors indicate there is an expectation that services be provided whenever possible to prevent a child's placement. This is one of the protections assured in Public Law 96-272 and documented in the ISSP for all children who are placed. Washington judges must make a determination in the placement order that reasonable efforts have been made to prevent the removal of children from their own homes.

Home-based Services to Prevent Removal

The issue of service provision as it relates to placement in out-of-home care was also discussed in question 3 and will not be repeated here. As discussed in question three, the data profile indicates that 47.4% of founded cases are placed in foster care as compared to the national rate of about 20%. While this data initially appears to indicate that some children may not be receiving in-home services prior to placement, we believe it is simply further indication that Washington substantiates only the most serious cases.

The Washington Child and Family Service Data Profile (Safety Section) shows 1,990 admissions to foster care during the calendar year as a result of a report of child abuse or neglect. The Permanency Section shows 7,000 admissions to foster care during the fiscal year or about 3.5 times as many placements that cannot be linked to child abuse and neglect. Nationally, there are only 1.5 times as many. This raises questions as to why there are so many children reported as entering foster care that are not counted in the safety profile. Approximately 35% of the children placed into care stay only 1-5 days and nearly 50% of all children placed into care stay less than 60 days. These placements are likely for reasons other than child abuse or neglect, which would begin to explain the high number of placements that are not linked to child abuse or neglect.

While some of the discrepancy between the Permanency Profile and Safety Profile can be explained by the short-term placements that are not CA/N related, there remain some real puzzles in this data. The number of children placed for reasons of abuse and neglect seems unrealistically low (as indicated in the Safety Profile). Social workers may not be coding the reason for placement as abuse or neglect for the initial placement while their investigation is still in prog-

ress. In addition, when the child is moved from the initial placement after an investigation has concluded that serious abuse or neglect has in fact occurred, the workers may not be coding this subsequent placement event as being due to abuse or neglect.

II. Program and Policy Information

Please refer to the response to question #3.

III. Initiatives

Please refer to the response to question #3.

IV. Lessons Learned During the Statewide Assessment

Strengths

- CA has a policy that allows social workers to work with a family beyond the 90 days of investigation, as long as an agreement has been signed. This allows CA to focus the use of resources on those families in an effort to prevent out-of-home placement.

- CA has a broad array of services that can be provided to families in an effort to prevent children from entering into out-of-home care.

Challenges

- CA's information system has no mechanism to track unpaid services making it much more difficult to determine if services were provided to families prior to placement of their children for child abuse and/or neglect.

5. CHILD FATALITIES -- Identify and discuss child protection issues affecting child deaths due to maltreatment in the state and how the state is addressing the issues.

I. Overview

By carefully reviewing child fatalities, CA seeks to learn how such tragedies might be averted in the future. CA participates in the review of child deaths both in collaboration with the Washington State Department of Health (DOH) and through internal review processes.

Since 1998, CA and DOH have worked cooperatively in the development and implementation of a single, statewide child fatality review system. The reviews are conducted by community-based teams and facilitated by local health jurisdictions. CA maintains staff representation on each community team. All unexpected child deaths in the state are reviewed, with the ultimate goal of developing preventive measures by looking at aggregate data from which factors and trends may be determined. DOH publishes an annual report that includes findings based on aggregate data collected from child fatality reviews.

II. Program and Policy Information

Children's Administration Internal Child Fatality Review Process

CA conducts separate internal child fatality reviews when any of the following criteria are met:

- The child's family had an open case with CA at the time of the death;
- The child's family received any services from CA within the twelve months preceding the death (even a referral for services that did not result in an open case); and
- The death occurred in a home or facility licensed to care for children.

The purpose of CA's internal child fatality review process is to conduct a thorough examination of the handling of a case to determine if agency policies, procedures and practices were properly followed. In addition, the review looks generally at policies, procedures and practices to determine if improvements to the CA system might help to prevent the death of a child in the future. The fatality reviews are not investigations into the manner or cause of death. Law enforcement entities, medical examiners, and coroners conduct such investigations.

Community Child Fatality Review Process

DOH conducts reviews when either of the following criteria are met:

- An unexpected death of a child (birth to 18) who is a resident of Washington;
- A child with a history with CA within 12 months of death.

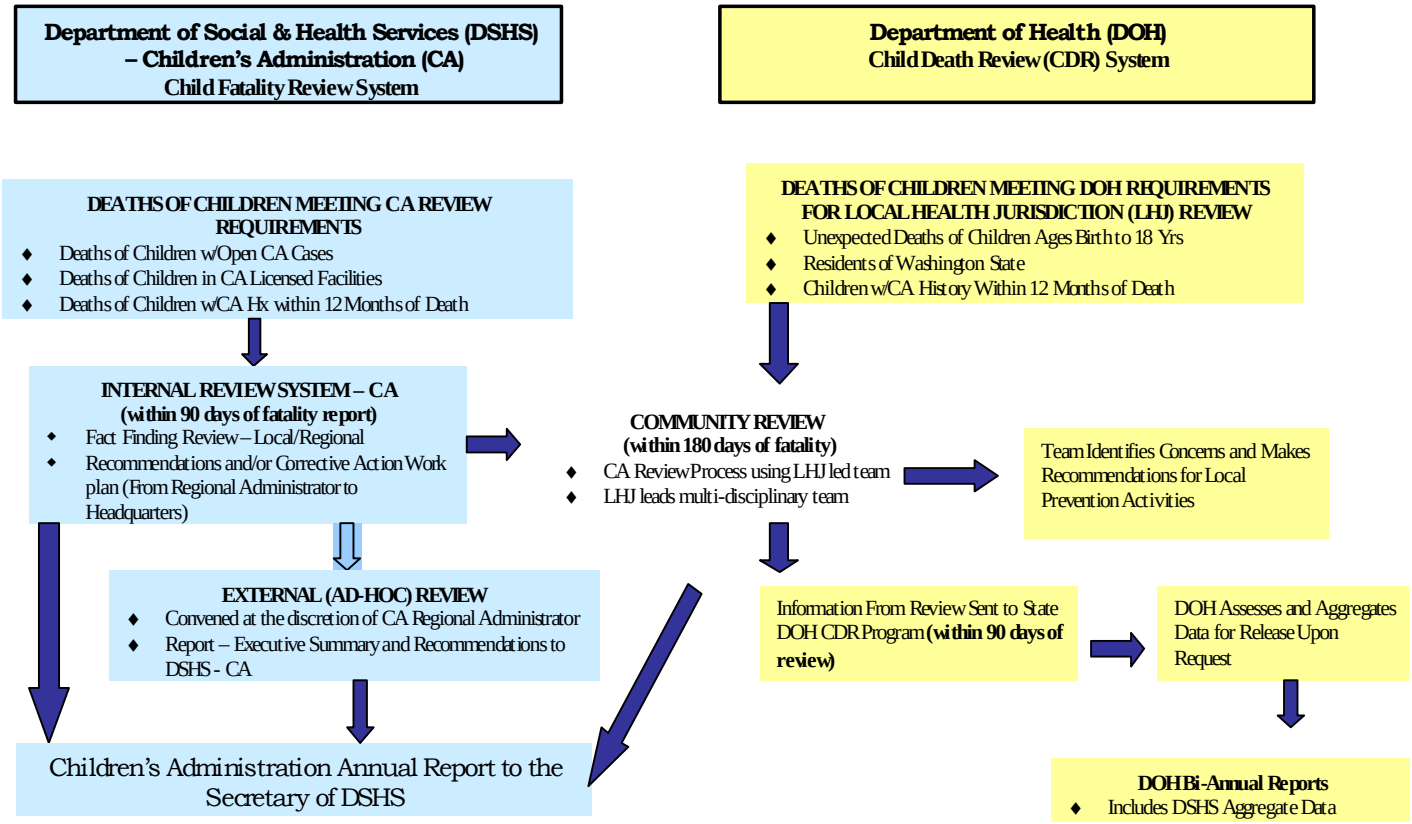
The reviews are conducted by community-based teams and facilitated by local health jurisdictions. CA maintains staff representation on each community team. All unexpected child deaths

in the state are reviewed, with the ultimate goal of developing preventive measures by looking at aggregate data from which factors and trends may be determined. DOH publishes an annual report that includes findings based on aggregate data collected from child fatality reviews.

Some cases may be reviewed both internally and by community Child Fatality Review teams. Chart 1 summarizes the two review processes.

Chart 1. Child Death Review System

Department of Health and the Department of Social and Health Services



(Source: Children's Administration, Division of Program and Policy)

The number of child fatalities reviewed each year by the CA review process, and the manner of death are outlined in Chart 2. This data will vary from Washington State DOH aggregate data. This is due to the criteria established by DOH for reviewing child deaths and collecting, tracking and reporting aggregate data differing significantly from that of CA.

As part of ongoing efforts to improve tracking of child fatalities, CA implemented improvements to CAMIS in 2001 to better identify children who have died. This is believed to be the major reason for the increased number of reported fatalities in CY 2001.

Chart 2. Child Deaths Meeting Children's Administration Child Fatality Review Criteria

Based on child deaths reported to the Children's Administration; not all child deaths are reported to the administration

Children's Administration **Statewide Child Fatality Data**	**1997**	**1998**	**1999**	**2000**	**2001**
Total Number of child fatality intakes meeting the criteria for internal child fatality reviews	103	79	68	72	108
• Manner of death – Homicide (abuse)	6	9	4	8	3
• Manner of death – Homicide (3rd party)	10	5	5	2	8
• Manner of death – Suicide	5	2	2	5	5
• Manner of death – Natural/Medical	45	39	33	33	61
• Manner of death – Accidental	36	20	20	21	26
• Manner of death – Unknown/ Undetermined	1	4	4	3	5

(Source: Children's Administration Performance Report, 2002)

Changes to practice as a result of a child fatality

CA is striving to better understand how fatalities occur to children who have been referred to or received services from CA in an effort to make any needed policy, procedural or practice improvements. In cases where a fatality review identifies practice errors or areas for improvement, recommendations are made respecting policy, program, practice or training. Recommendations may focus on local office, regional, or statewide changes.

III. Initiatives

Separation of Community Child Fatality Review Teams from CA

In 1997, the Washington State Legislature authorized DOH and local health departments to con-

duct child death reviews at the community level. This legislation allowed for a broader review of child deaths involving many systems, including CA.

However, because of the confidentiality rules that govern DOH, there are problems in obtaining information. Each Community Child Fatality Review results in the production of a document outlining findings and recommendations. However, that information can only be released to CA (and other participating agencies) in aggregate form. DOH also compiles the data and releases an annual report.

Administrative Incident Reporting System (AIRS)

While individual child fatalities were reviewed and tracked, until the last quarter of 2002, CA did not have a system for tracking trends in child fatalities.

The new AIRS program allows for greater reporting detail and consistency. This facilitates improved tracking and trend reporting. The new reporting system is currently being piloted in two regions, and will be implemented state wide in 2004.

Regional variation in fatality review procedures

Although CA has clear policies that determine when fatality reviews must be completed, there are variations among regions in how these policies are implemented. In some regions, the supervisor of the worker who managed the case completes the initial report and fact-finding, and then the CPS Coordinator completes the internal team review and creates the final fact-finding document. In other regions, the CPS Coordinator performs all of these tasks. This leads to inconsistency in the process and in the reports that are completed. There is a need for statewide training to ensure statewide uniformity in the conduct of fact-finding reviews and the writing of fatality reports. This training is planned for 2004.

IV. Lessons Learned During the Statewide Assessment

Criteria for reviews of deaths

The CPS Coordinators in each of the state's six regions have been convened as a workgroup to recommend changes to the policies regarding child fatality reviews. Current policy requires review of cases where deaths are expected because of illness, as well as those that may be due to abuse and/or neglect. Reviewing deaths that were anticipated and are the result of medical conditions, not child abuse or neglect, requires time and resources, and does not lead to improved practice.

In addition, current policy excludes reviews for children who have been served by CA in the past, if services have not been provided within the past 12 months. This exclusion may lead to important omissions if there are allegations of abuse or neglect related to the death.

Based upon information learned during the statewide assessment, one policy item was identified for possible review that may be beneficial in the improvement of CA fatality reviews:

CA serves many children who are medically fragile and whose deaths are expected. Many of these children are in licensed facilities. Because current policy requires review of any death in a licensed facility, CA is required to review these deaths, even though there is no question of abuse or neglect, and no prospect of using this information to improve practice.

Communications with medical examiners and coroners

State law does not currently allow coroners and medical examiners to release their reports to CA. These reports could prove to be useful to DSHS in the process of conducting more thorough reviews.

Strengths

- Washington currently has a system in place for community and internal reviews of child fatalities.

- CA recently developed a new tracking system for child fatalities. The new system, *Administrative Incident Reporting System (AIRS)*, will allow for the documentation of consistent information for all fatalities, and will allow CA to complete a trend analysis of the information.

Challenges

- There are variations and inconsistencies across regions regarding the CA fatality review process and the quality of review reports.

- Since the separation of the Community Child Fatality Review Teams from the Internal Child Fatality review teams, there have been difficulties obtaining information from the Department of Health.

6. RECURRENCE OF MALTREATMENT Does the state's recurrence of maltreatment conform to the national standard for this indicator? What is the extent to which the state's rate of recurrence of child maltreatment is due to the same general circumstance or perpetrator? How is the state addressing repeat maltreatment?

I. Overview

According to the Washington State Data Profile of March 27, 2003, the victim recurrence rate for Washington has decreased slightly from 2000 to 2002. The national standard for recurrence is 6.1%. Washington's recurrence rate was 11.9% in 2000, decreasing to 10.7% in 2002. Washington does not conform to the national standard for this indicator.

II. Program and Policy Information

Standards of Investigation

Accepted CPS referrals are assigned a risk tag from "1" to "5" based upon the severity and immediacy of child safety risks. The level of risk assigned at intake determines *the Investigation Standard for CPS*, as described below. In making *Risk Tag* and *Investigation Standard* decisions, workers are guided by departmental policy and criteria within CA's risk assessment model.

High Standard of Investigation

Accepted referrals with a risk tag of "3" or higher are classified as *High Investigation Standard* referrals. These referrals, with more serious and immediate child safety risks, are assigned by CPS supervisors to CPS investigative social workers. These types of investigations require a face-to-face contact with the victims and subjects in the referral.

Low Standard of Investigation

Referrals receiving risk tags of "1" or "2" are classified as *Low Investigation Standard* referrals. The decision in these instances is that while the referral does meet the CPS sufficiency screen, it does not meet the threshold for active CPS investigation. These cases are typically referred from CPS to Alternative Response Systems (ARS) within the community and/or offered services through CPS to help the family address the concerns identified in the referral.

Investigation Response Times

An emergent response is required for children who are at risk of imminent harm (significant possibility or likelihood that child may be seriously physically or emotionally injured in the near future). An emergent response must begin no later than 24-hours from the time of the referral and requires a face-to-face contact with the victims and subjects in the referral (high standard of investigation).

A non-emergent response must begin within 10-calendar days from the date and time of the referral.

Mandated Reporting Laws and the Impact on Recurrence

RCW 26.44.030 provides guidance to Washington residents regarding mandated reporting laws. Since all social workers fall under the title of mandated reporters, this law is specific to many of the day-to-day functions of social workers.

When an investigating social worker, in the course of his or her investigation, discovers issues that are not documented in the current referral, they are required to report this information to CPS Intake. CAMIS policy currently requires this new information to be entered as a new referral, so the intake worker must create a new referral for the allegations that the investigative worker is reporting. This results in two referrals for the same investigation.

When more than one referral relates to only one investigation, CAMIS allows workers to "link" referrals together and create an investigative summary for both referrals in one investigative assessment. The findings that are recorded in CAMIS link to each separate referral. Therefore, if the allegations identified in each of the referrals are founded, this one investigation will be documented automatically as recurrence within the information system. It is not believed that these incidents are recurrence of maltreatment, but are additional allegations in the initial investigation.

When more than one reporter makes a referral about the same incident, it is often recorded as two referrals in CAMIS. Policy clearly states that the second referral of the same incident should be documented on the first referral, but many duplicate referrals are still created. If this one incident is founded, it will be recorded in CAMIS as two founded referrals, or a recurrence.

This issue has been discussed throughout the statewide assessment process, and has been identified as an issue that will need further examination and resolution.

Data Trends

Duplicate Referrals vs. New Incidents

The extent to which duplicate referrals or additional allegations may be inflating the recurrence rate is not known. However, the difference between the state and federal calculation, which ranges from 1% to 3% (see Chart 1), is the maximum impact of duplicate referrals, since the state calculation of recurrence ignores referrals made within 10 days of the first.

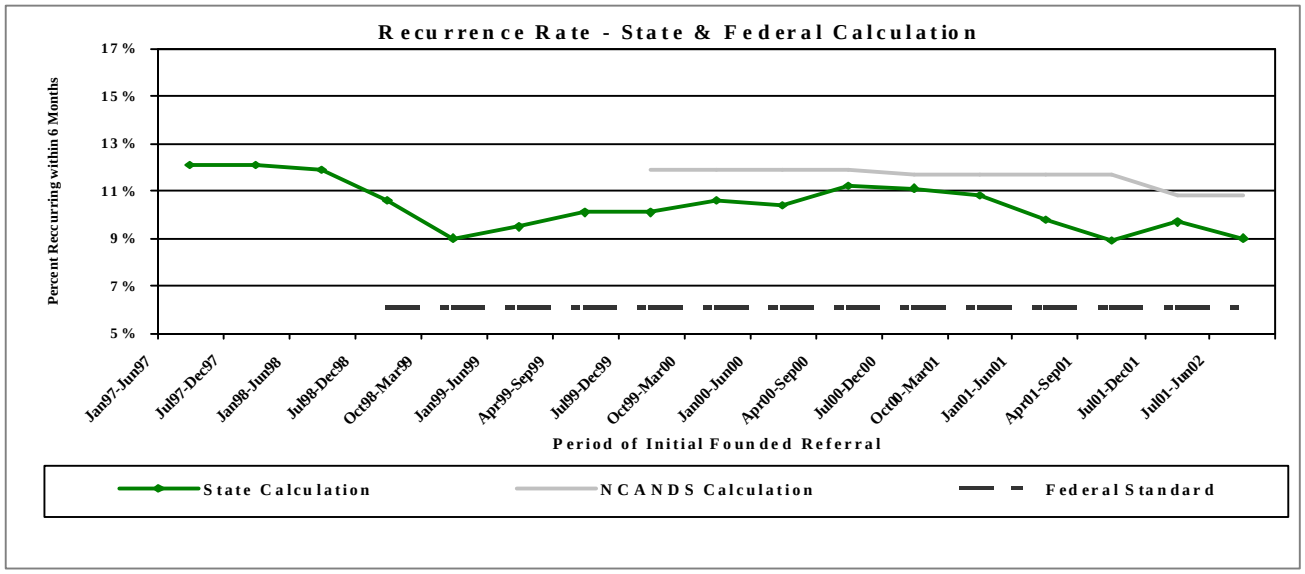
Several years ago, analysis indicated that referrals occurring within ten days of each other were nearly always duplicate referrals that had been entered into CAMIS. Duplicate referrals certainly affect the recurrence rate, as *one founded incident* is recorded *as two founded referrals* or a recurrence.

To test the accuracy of the assumption that a referral occurring within ten days of the first was a duplicate, a very small sample (21) of recurrence cases occurring within ten days was reviewed. Of these, 57% (12 cases) were duplicate referrals of the same incident, and 43% (9 cases) were different incidents occurring within the ten days it took to investigate the initial referral. While this sample is far too small to draw final conclusions, the emergence of even one case where a child was re-abused because of the 10-day response time in Washington raises questions about the need to review the policy designating response time for non-emergent cases.

Policies have recently been implemented to stop the recording of the same incident as separate referrals. This should improve the accuracy of the calculated recurrence rate as the impact of this variable is reduced.

The CA Data Unit has gone to considerable lengths to investigate and attempt to correct for possible contributions to this elevated recurrence rate, taking into account artifacts of data entry in the information system and regional documentation variances. Even when a variety of adjustments are used to calculate a state-adjusted version of the federal measure, the calculated victim recurrence rate remains higher than the national standard, although recently it has shown a slight decline in all calculation methods (see Chart 1 below). In reviewing this measure at the regional level, only occasionally has any region met the national performance standard for victim recurrence.

Chart 1: Victim Recurrence – State and Federal Calculation



(Source: Children's Administration Data Management Unit)

Recurrence and Low Substantiation Rate

Federal comments on the data profile indicated that Washington's rate of recurrence raises additional concern because it is based only on substantiated cases – in contrast to states which use both substantiated and indicated cases, as detailed in Question #2. One explanation is that the high recurrence rate is related to the fact that *only* the small number of founded referrals are included in the calculation.

Calculation of Recurrence

The federal measure of recurrence is based on the number of referrals that are founded (denominator), and then the percentage of these original founded referrals that are founded again (numerator) becomes the recurrence rate. As a result of this calculation method, when the number of original founded referrals decreases (denominator) and the number of referrals with a recurrence remains the same (numerator), the recurrence rate will increase. As the founded rate decreases, the numerator must also decrease substantially in order to impact the overall recurrence rate.

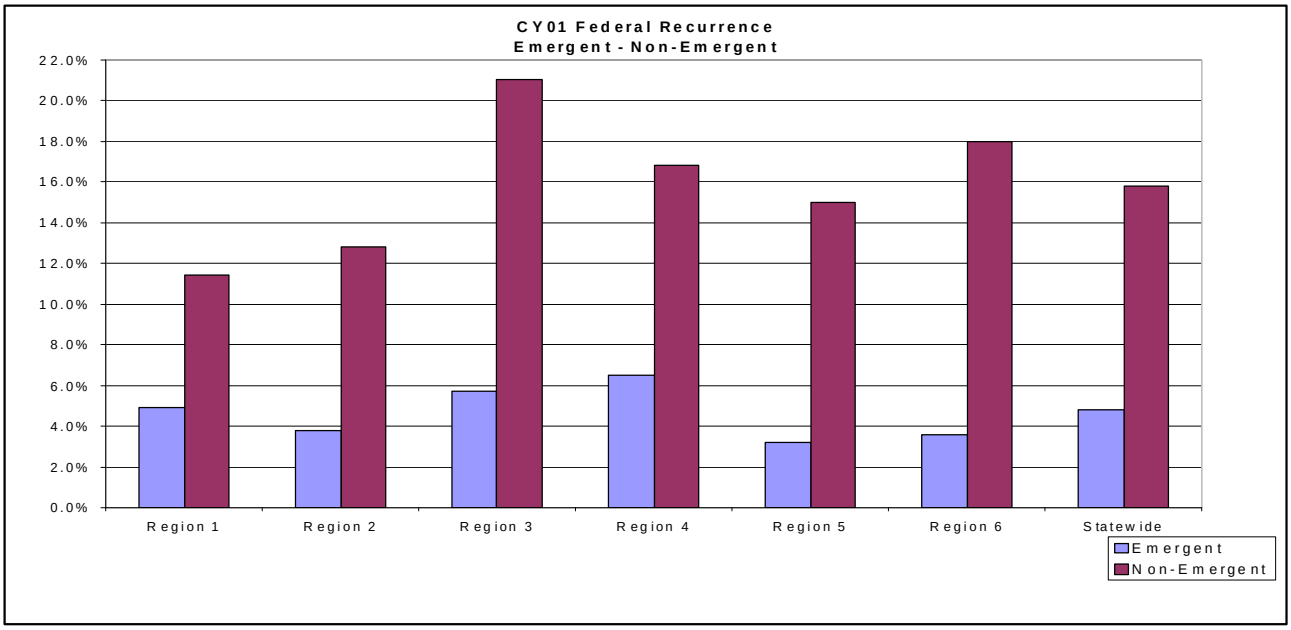
Analysis

While it is true that there are fewer actual cases that can recur as the denominator decreases, it is also true that a higher *proportion* of these cases are the most likely to recur. Washington's founded referrals represent only the most difficult and high-risk CPS cases (18% of referrals with findings, 13% of accepted referrals). This may be reflective of the well developed risk assessment process that is used in Washington. However, it is much more likely that a higher proportion of the children in these referrals may be identified victims in future referrals, particularly those who remain in their own home without court oversight. As Chart 1 indicates, the recurrence rate has shown only a slight decrease since 1997, in spite of focused attention. It is believed that this trend shows very minor progress over the past five years in meeting the national standard due in part to the dramatic decrease in the founded rate between 1998 and 1999 (see Question 2, Chart 4). Until 1998, the founded rate was 40%, and is currently 16%.

Emergent vs. Non-Emergent Responses

Among the factors reviewed that contribute to variation in the recurrence rate within offices and regions in the state, the largest difference in victim recurrence rates was found between referrals receiving an *emergent response* (face-to-face contact within 24 hours) and those receiving a *non-emergent response* (face-to-face contact within 10 days), as reflected in Chart 2.

Chart 2. Emergent and Non-Emergent Referrals



(Source: Children's Administration Data Management Unit)

Almost without exception, emergent response referrals have lower victim recurrence rates than non-emergent response referrals. This holds true for different years, different regions, and different types of abuse.

Type of Abuse

A review of recurrence using victim CAN codes showed the difference in emergent and non-emergent referrals to be slightly less marked, but still present. Seventy-five percent of neglect victims had a recurrence of neglect. While neglect appeared to have some small impact on recurrence, Washington's higher recurrence rate cannot be explained fully by attributing it mostly to neglect.

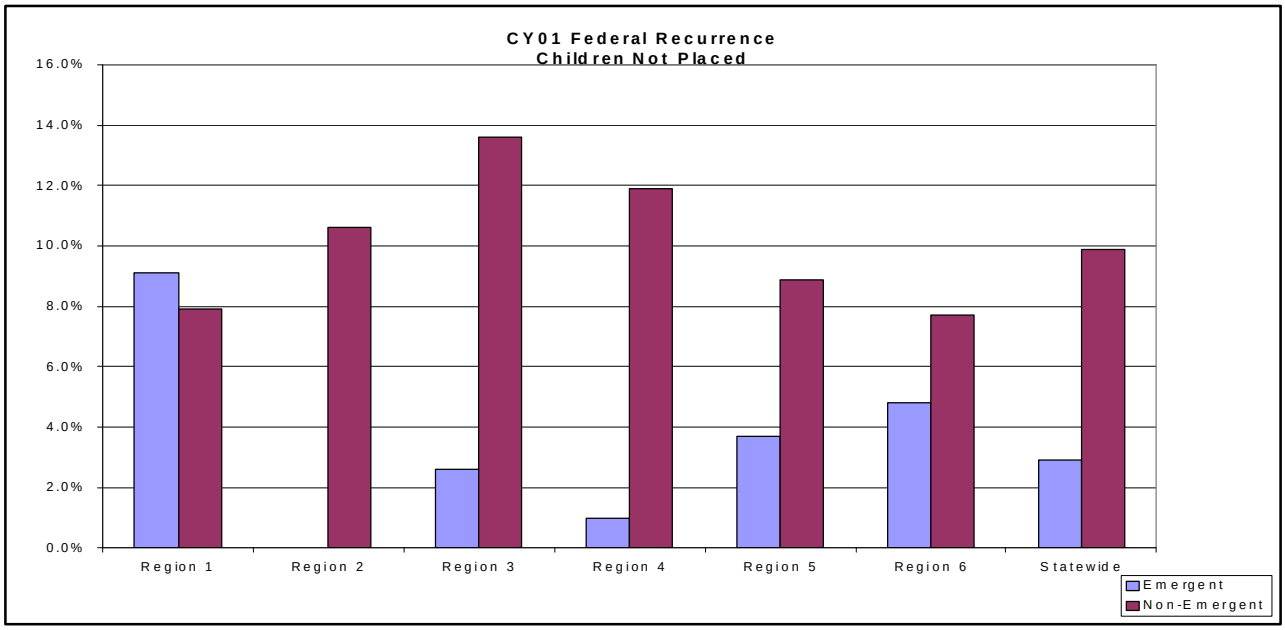
As reflected in research, families with a prior history of maltreatment are more likely to have repeat referrals and recurrences of maltreatment. Substance abuse and domestic violence factors in the home are also linked to recurrence of maltreatment, although the documentation of this information is often missing or reported as information not available in CAMIS. Some of the research findings suggest acceleration in the pattern of reported abuse and neglect in many families following an initial inhibition of abusive behavior after the first referral to CPS. This may indicate a habituation of families to the intervention of CPS in their lives, and the importance of the initial intervention.

Effect of placement in out-of-home care

The out-of-home placement rate is much higher for children in emergent referrals, as would be expected. This raises the question of whether the lower recurrence rate for emergent referrals is simply due to the fact that these children are not left in abusive environments where they may be abused again. To explore this, CA calculated the recurrence rates for emergent and non-emergent referrals for those children who were not placed on the initial referral, fully expecting the recurrence rate overall to go up - since these children were not placed and were in a home where they could be re-abused. Instead, the recurrence rate went DOWN, although the recurrence rate for non-emergent referrals was still substantially higher than for emergent referrals in all areas except Region I.

Because the emergent recurrence rate was still significantly lower, this may indicate that there is something different in the intervention strategies for emergent vs. non-emergent referrals that inhibits recurrence, even when children are not removed from the home. Refer to Chart 3 below.

Chart 3. Children Not Placed

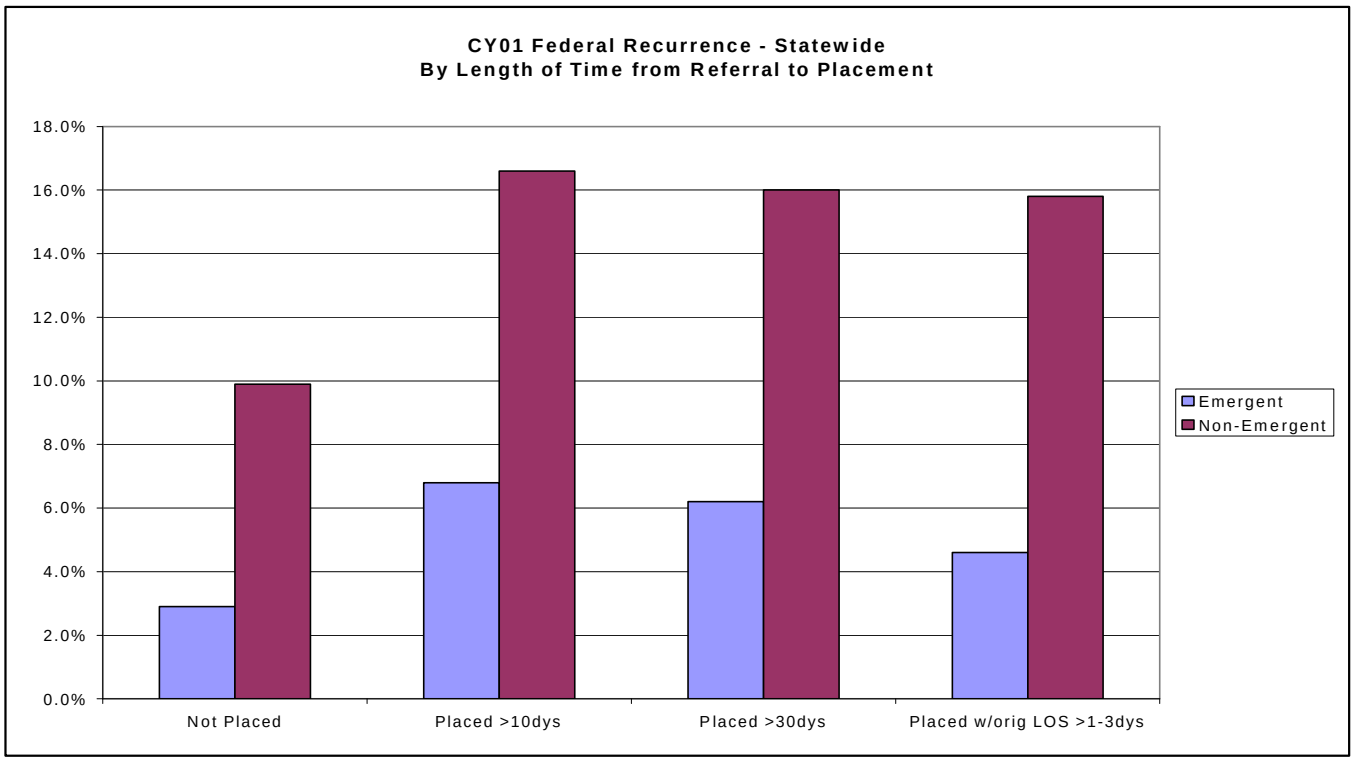


(Source: Children's Administration Data Management Unit)

Other possibilities were explored to see if other placement variables might indicate an impact on recurrence. The amount of time between the referral and the placement was reviewed to see if it would affect the emergent and non-emergent recurrence rate, including children placed within 1-3 days after the referral, placed more than ten days (10-29 days after the referral), and

placed more than 30 days (30+ days after the referral). In all cases, emergent referrals had the lowest recurrence rate. Refer to Chart 4 below.

Chart 4. Recurrence by Length of Time from Referral to Placement

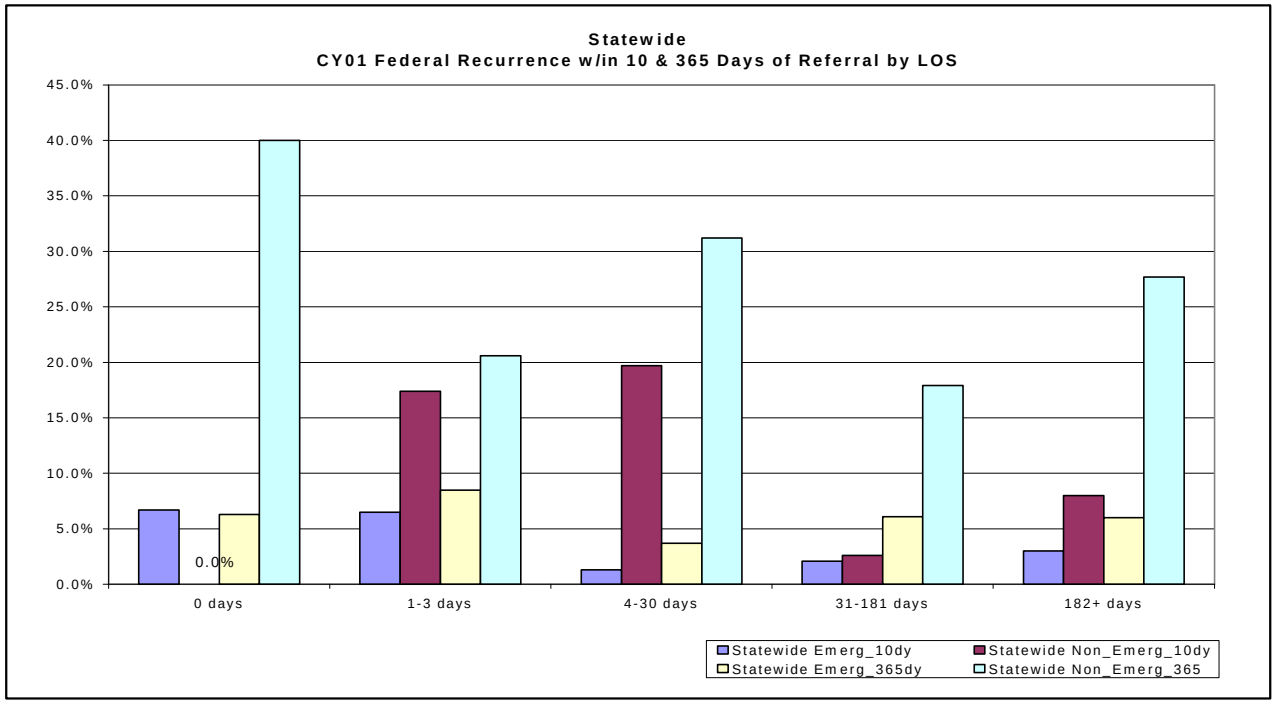


(Source: Children's Administration Data Management Unit)

This also raises additional questions, such as whether the practice of making many short-term placements impacts the likelihood of recurrence. An analysis of the data shows that the highest recurrence rates statewide were for short-term placements - higher than placements longer than 30 days, and higher than kids not placed at all. This phenomenon should definitely be explored further, but may be an indication that short-term placements do not inhibit the recurrence of abuse and neglect.

Chart 5 shows the recurrence rate when comparing recurrence that occurs within the first ten days of the first referral and recurrence that occurs within 11-365 days of the first referral, broken out by the length of stay in out-of-home care for children identified as entering placement. Length of stay includes children with zero days, meaning they entered and exited care on the same calendar day; 1-3 days in care; 4-30 days in care; 31-181 days in care; and more than 182 days in care.

Chart 5. Recurrence within 10 & 365 Days of Referral



(Source: Children's Administration Data Management Unit)

Summary and Options to Consider

The consistent finding of the Data Unit's analysis of recurrence was a much lower recurrence rate for emergent referrals than non-emergent for nearly all regions, for all variables reviewed. It is important to note that this analysis was not a research study, and the completed analysis has some limitations and much additional analysis could be done. However, it does appear that an emergent response seems to correlate with a LOWER recurrence rate - in fact, well below the national standard. This finding does appear to merit additional consideration of Washington's emergent and non-emergent timeframes.

In addition, there are some offices within the state that frequently meet or exceed the federal standard for victim recurrence, despite the recurrence rate for the state and regions. We believe that better practices can be found within the state, and we intend to learn from the superior performance of these offices.

III. Initiatives

New CPS WAC's

New CPS WAC's that provide more definition and clarity about whether a child has been abused or neglected have recently been implemented

Policy Changes

CA Management is considering policy changes respecting elimination of "inconclusive" as a finding and investigation response timeframes

Multiple Referral Workgroup

A CA workgroup has recently developed a report on multiple referrals, and has made recommendations on how to address the issue.

IV. Lessons Learned During the Statewide Assessment

A number of issues concerning the intake process may be causing the re-referral and recurrence rates to be inflated. They include:

- When different sources report the same maltreatment incident, it is often recorded as separate referrals. When the investigative worker documents the findings, it appears that multiple incidents of abuse or neglect have occurred, even though the findings actually relate to the same incident.
- New referrals reported prior to the investigation are documented as separate referrals rather than additional information. This is only appropriate if the new reports are of different incidents of abuse or neglect.
- When an incident of child abuse and neglect that occurred in the past is reported, social workers do not consistently record the incident date. If the referral is founded, it may appear there has been a recurrence within a short period of time, rather than some time ago.
- Workers are required to report new allegations of abuse and neglect that they discover during their investigation. This increases the number of founded referrals and subsequently affects the recurrence rate.

Strengths

- CA has undertaken considerable research and analysis related to the issue of recurrence of maltreatment.

- The reported recurrence rate for Washington may be significantly inflated, and the actual rate may be closer to the national standard.

- CA is currently reviewing several policy issues related to improved recurrence rates.

Challenges

- Washington's recurrence of maltreatment rate does not conform to the national standard of 6.1% or less. According to the data profile, the recurrence rate for Washington is currently at 10.8% for 2002.

- There are difficulties in CAMIS in distinguishing the same maltreatment incidents reported by different sources (e.g. the same incident being reported by a teacher and a police officer may be considered as two separate reports, rather than the same incident).

- Washington’s non-emergent response times may be impacting the recurrence rate and bears further evaluation.

7. INCIDENCE OF ABUSE AND/OR NEGLECT IN FOSTER CARE. Discuss whether the state's incidence of child maltreatment by the foster care providers conforms to the national standard for this indicator. Discuss the ways in which the state is addressing this issue, and whether there is a need for additional measures to ensure the safety of children who are in foster care or pre-adoptive placements.

I. Overview

Washington has a higher rate of abuse and neglect in foster care than the national standard of .57%. Washington's rate is .63% for 2002, based on the data profile.

In FY 2002, there were more than 6,300 licensed foster homes in Washington. CA's Division of Licensed Resources has worked diligently to ensure that foster parents are well trained, that they understand and are ready for the challenges they will face, and that they work in partnership with CA so that children receive the services they need. The Foster Care Improvement Plan includes initiatives to recruit and retain foster parents within the state. (Refer to Chapter Seven*:* Foster and Adoptive Home Licensing, Approval and Recruitment for additional information).

Although the DLR/CAN Section utilizes the same three-tiered method of making findings on cases, all referrals that are screened in for investigation within DLR/CAN are considered high standard of investigation. DLR operates under the same response time as DCFS, allowing for a 24-hour face-to-face for emergent referrals, and a 10-day response for non-emergent referrals. DLR continued to demonstrate improvements in timely response to investigations through FY 2002. The percent of children receiving face-to-face DLR social worker contact within 24 hours or 10 days, reached 90% at the beginning of the fiscal year, and remained at or above 90% for the entire year. The reporting period (April-June 2002) indicated timely investigations were conducted in nearly 95% of referrals, representing a significant increase within the relatively brief period since data tracking on this measure commenced in April 2000.

DLR has worked diligently over the past several years to provide care to continually reduce the incidence of abuse in licensed care.

II. Program and Policy Information

In 1996, CA established the DLR to improve the quality of out-of-home care. Previously, the same workers had both licensed foster homes and made placements to those homes. The establishment of DLR eliminated possible conflicts of interest between those two roles.

In addition, shortly after DLR was established, it became apparent that a similar potential conflict existing when the same person licensed a home and was responsible for investigating allegations of abuse and neglect in that home. To address this, a separate Child Abuse and Neglect Section within DLR was established. This Section is now able to conduct professional, high

quality investigations and make findings regarding allegations of abuse and/or neglect in licensed, certified and state-operated facilities.

Investigators from DLR receive specialized training to address the dynamics of abuse and neglect in foster care. The curriculum includes training on risk assessment, investigative protocols and procedures, interviewing techniques, and safety assessment and planning.

The goals of the Child Abuse and Neglect Section of DLR are:

- To ensure the immediate safety of alleged child victims;
- To investigate allegations and make determinations regarding the existence of child abuse and/or neglect;
- To assess whether the child in question has been abused or neglected in ways that have not been alleged;
- To identify risk factors within the facility that crate a risk of future harm to children; and
- To ensure consistency and equity toward providers in the investigation.

The DLR/CAN Section investigates allegations of abuse or neglect in licensed, certified or state-operated facilities, and allegations against people and agencies subject to licensing. The Section also investigates allegations of abuse or neglect involving volunteers and employees in licensed, certified, and state-operated facilities in the following settings:

- Child day care homes and individuals providing child care who are required to be licensed;
- Child care centers;
- Child placing agencies;
- Currently licensed foster homes (including biological and adopted children and children under guardianship as well as foster children);
- Homes certified by CA as potential adoptive placements;
- Homes unlicensed or with pending foster care licenses when a child in the custody of the state is placed in them;
- Homes with closed foster care licenses when the allegations of child abuse or neglect occurred when the license was active;
- Facilities providing 24-hour child care that are certified or managed by the state, including the Division of Alcohol and Substance Abuse, the Division of Developmental Disabilities, the Juvenile Rehabilitation Administration, and the Mental Health Division; and
- Other state-operated institutions providing 24-hour care for children.

For schools located on the grounds of a state-licensed, certified, or state-operated facility, allegations of abuse or neglect are investigated in collaboration with the school district that operates the school, as described in local interagency agreements.

If, during an investigation, the investigator determines that the family could benefit from services, the Division of Children and Family Services provides the services.

When DLR's CAN Section conducts an investigation, the investigator does not make recommendations about licensing. Licensing issues are addressed by the Office of Foster Care Licensing (OFCL), which examines compliance with licensing standards, with an emphasis on child safety.

Because many people are involved when an allegation occurs in a licensed facility, shared decision-making is the norm, with workers from OFCL, the DLR/CAN Section, and DCFS working together to resolve issues and protect children.

When allegations of abuse or neglect are made against a foster parent, the foster parent may ask for support from a statewide team of volunteer foster parents called the Foster Intervention Retention Support Team (FIRST). This program provides trained, non-judgmental support, community resource referrals, and improved communication. Foster parents can request that a FIRST volunteer be present during interviews with investigators.

Measures to prevent child maltreatment in foster care

In addition to providing investigative services, CA also has policies and practices that protect children from maltreatment. Each DCFS social worker is required to see each child in out-of-home placement every 90 days. These health and safety visits must take place in the home or other facility in which the child is placed. During the visit, the social worker assesses the placement and the services for the child. In addition, all foster homes must be re-licensed every three years.

In a baseline survey conducted in the design phase of the Foster Care Improvement Plan, foster parents cited lack of information on children placed in their care, lack of specialized training, and lack of resources as problems. The Foster Care Improvement Plan has led to systematic effort to address these issues.

Training for foster parents has been improved and expanded recently. A new pre-service curriculum (PRIDE) has been adopted, and several more specialized classes are also offered. These include training on sexually aggressive youth, and on physically aggressive youth. (Refer to Chapter Four: Staff and Provider Training for additional information).

Foster care oversight is also being intensified. Currently, health and safety visits with foster children are required every 90 days. In late 2003, the policy will be changed to require face to face contacts and health and safety assessments with children in out-of-home placement every 30 days.

Respite care

CA has recently adopted a respite care policy that provides for several categories of respite for foster parents. Retention respite is intended to provide regular, monthly breaks from foster parenting and can also be used to meet emergency needs of foster parents

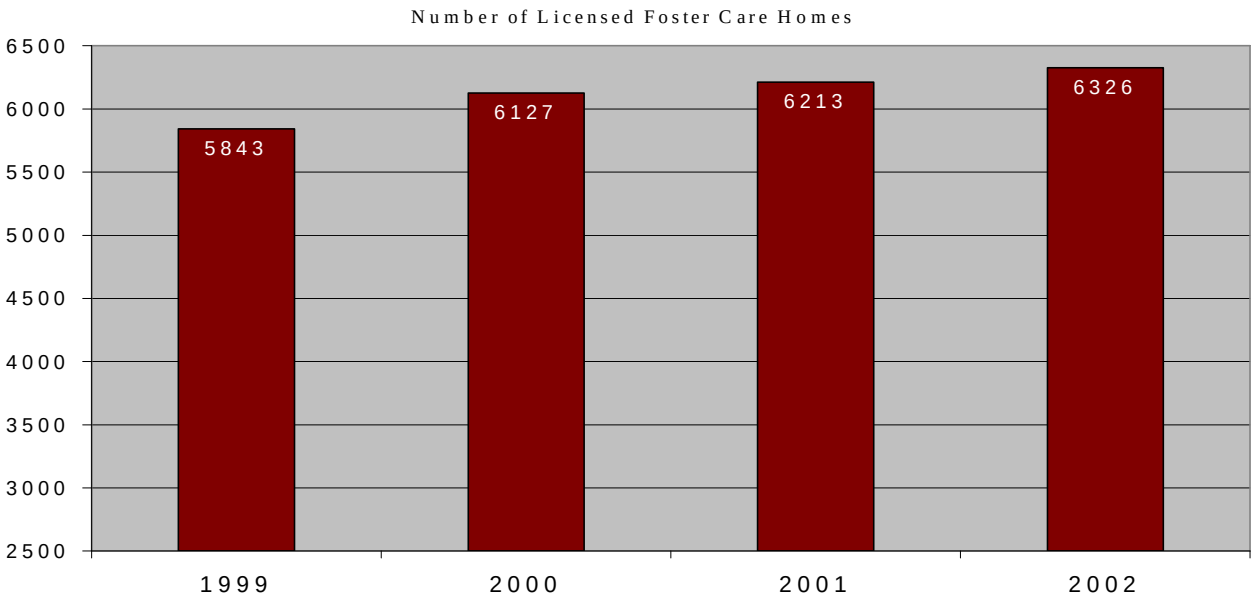
Kinship/relative placements

If a child is placed in relative/kinship care, and the home is not licensed and does not have an approved home study, the DLR/CAN Section is not involved. If there is an allegation of abuse and/or neglect in an unlicensed relative or kinship placement, it is investigated by DCFS. Therefore, there is limited information as to how many of the investigations conducted by DCFS were of relative or kinship caregivers, and what the trends are in this area.

Data Trends

In FY 2002, more than 6,300 licensed foster homes were available to provide care to children who had been removed from their homes for reasons of abuse, neglect or parental abandonment. As evidence by Chart 1, the number of licensed foster homes continues to rise, from 5,843 in 1999 to 6,326 in 2002. (Refer to Chapter Seven: Foster and Adoptive Home Licensing, Approval and Recruitment for additional information on this issue).

Chart 1. Number of Licensed Foster Homes



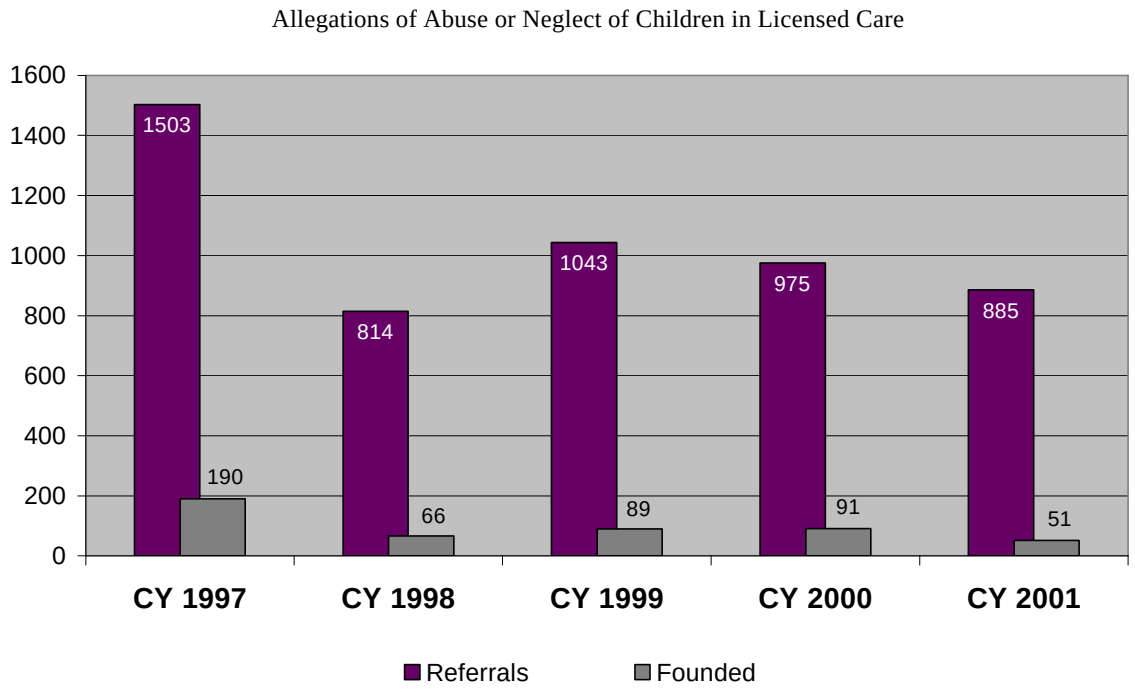
(Source: Children's Administration Performance Report, 2002)

Increasing coordination between DCFS and DLR staff in developing plans that address both safety and permanency for children, improved training for foster parents, increased training of investigators, facility reviews by licensors, and health and safety visits by social workers have all supported an improved quality of foster parenting. This improved quality of care along with increased supervision by direct service providers and training about the Kids Come First safety

assessments and safety planning have contributed to a decrease in allegations of abuse or neglect in licensed care. The result was a reduction in founded cases of abuse or neglect in licensed care of nearly 75% over the five-year period from CY 1997 to 2001. The number of referrals to the DLR/CAN Section in 1997 was 1503. This number declined to 885 in the CY 2001. Subsequently, the number of founded referrals in CY 1997 was 190, and in CY 2001 was 51. These numbers are based on a hand count.

Although Washington does not meet the national standard for child abuse and/or neglect in care, Chart 2, below, reflects the decrease in the number of referrals, and founded referrals, over a five-year period from 1997 – 2001. The reduction in founded cases of abuse or neglect in licensed care is nearly 75% over the five-year reporting period.

Chart 2. Allegations of Abuse or Neglect of Children in Licensed Care



(Source: Children's Administration Performance Report, 2002)

III. Initiatives

Facility Safety Assessments

In late 2002, CA began using the Family Safety Assessment/Safety Plan tools during investigations where the victim was the biological, adopted, or guardianship child of the caregiver. DLR has developed a similar tool for use in all licensed facilities. This new tool is awaiting automation and is expected to be ready for use by June, 2004.

Divisional Working Agreement

DLR recently completed a working agreement to address the needs of vulnerable adults, ages 18-21, who live in child-licensed facilities. The agreement addresses how investigations will occur, who will have jurisdiction, and what each division can expect of the others. The agreement includes, in addition to DLR, the Home and Community Services Division, the Residential Care Services Division, the Division of Developmental Disabilities, the Division of Children and Family Services, and the Division of Child Care and Early Learning. Future work may also include the Juvenile Rehabilitation Administration, which houses youth up to age 21 in its facilities.

Practice Guide

DLR has developed a new practice guide called "Investigating Abuse and Neglect in State Regulated Care". This provides comprehensive guidance for responding to maltreatment reports, investigating abuse and neglect, documentation, and coordination with other CA staff to protect children. The practice guide has been circulated to staff for final comment and will be in statewide use by late Fall, 2003.

DLR/CPS Protocol Manual

The protocol manual for the DLR/CAN Section investigations has been refined and updated, and the updated manual will provide more consistency in investigations, and provide other divisions with information on how these investigations are conducted. The updated manual is scheduled for release in 2003.

IV. Lessons Learned During the Statewide Assessment

Data issues

Over the past several years, there has been a steady decline in the incidence of abuse and neglect in licensed care. The Child Abuse Prevention and Treatment Act (CAPTA), increased training for investigators and foster parents, increased supervision of direct service providers, and the

Kids Come First Safety Assessment and Safety Plan all contributed to the decrease in allegations of abuse in licensed care. The result was a 75% reduction in founded cases of abuse or neglect in licensed care between 1997-2001.

The DLR Child Abuse and Neglect Section keeps regional logs of cases and case finding information, but is not able to conduct electronic counts of cases because of difficulty with the case numbering system. The referrals and findings rates are based on hand counts conducted within each regional office.

Strengths

- The rate of founded abuse/neglect has decreased by 75% over the previous 5-year period and the incidence of abuse and neglect in foster care is very close to the national standard.

- CA has recently adopted a respite care policy for foster parents. The policy has several categories of respite, and is intended to provide regular, monthly breaks from the demands of foster parenting.

- In late 2002, the DLR CA/N Section began utilizing the Family Safety Assessment/Safety Plan tools during investigations where the victims was identified as the biological, adoptive, or guardianship child of the provider.

- The DLR CA/N Section maintains a compliance rate of over 90% related to face-to-face visits within 10 days for children in licensed or state-regulated care.

Challenges

- The DLR CA/N Section uses hand counts for data and does not track trends related to the maltreatment of children in care (other than the founded rate).

- The CAMIS system has provided limited support to DLR. Most case records, with the exception of referrals and case notes, are kept in the paper record, and filed in the regional office.

- A case review methodology for reviewing the quality of DLR CPS services is under development, but not yet implemented. Implementation is expected in early 2004.

Promising Practice

COA Self-study

Although the Council on Accreditation's standards require assessment and education for foster parents, there is no specific standard related to protocols for dealing with allegations of abuse or

neglect in foster care. COA Standard S-21 is the comprehensive standard that addresses Foster and Kinship Care Services. Based on the statewide self-study, CA is currently passing in the area of foster care services.

8. OTHER SAFETY ISSUES. Discuss any other issues of concern, not covered above or in the data profiles, that affect the safety outcomes for children and families served by the agency.

I. Overview

As mentioned in this chapter, Washington, like several other states, struggles with the complex problem of Methamphetamine abuse among families served by DSHS.

The Governor's Council on Substance Abuse Report: *Methamphetamine Abuse in Washington State* attempted to examine the impact of this drug within the state. According to the 1998 Survey of Adolescent Health Behaviors, by the twelfth grade, 11% of Washington's public school students have tried meth at least once. Meth treatment admissions to publicly-funded programs in Washington have grown dramatically since the early 1990's. The Division of Alcohol and Substance Abuse estimates that there are approximately 12,000 people in the state who are addicted to meth. The rate of treatment admissions for stimulant addiction has steadily increased.

Several counties have begun to focus on the epidemic of methamphetamine use in their local jurisdictions. Reports from Thurston County indicate it has a number of problems with meth due to its location on the I-5 corridor, and being located next to Pierce County (Tacoma), which is second in the nation for the number of meth lab seizures. Thurston County reports that there has been a steady increase in the number of meth labs seized over the past several years. The Thurston County Narcotics Task Force reported 30 lab seizures in 1997, and 64 seizures in 2002.

Meth is more often seen as a complicating factor in casework. Unfortunately, Washington also struggles with the lack of on-demand substance abuse treatment to assist families with this epidemic. Cross collaboration systems are forming to address the area of meth use in Washington.

In addition to the use of meth, there are also other substances that social workers encounter when working with families that also have complex dynamics (i.e. alcohol, cocaine, marijuana, etc). Meth is not the only controlled substance that is encountered, but it does present with its own dangers of exposure to children, as well as workers.

During the required academy training for all new social workers, training is provided on the issues of substance abuse, and specifically, how to handle situations where workers may be exposed to chemicals used in the manufacturing of methamphetamines.

II. Initiatives

RCW 26.44 provides a protocol for methamphetamine investigation. This protocol requires that if law enforcement discovers a child present at a meth site, CA must be contacted immediately. Due to increased meth activity in Thurston and Pierce Counties, these two counties have stationed child protection services social workers in the field with law enforcement. These social

workers are assigned to work specifically on cases where methamphetamines are a major factor in the risk to the child. These workers are specifically trained in how to handle exposure to the chemicals, and how to handle cases where children have been exposed to this as well.